Shropshire Community Health
NHS Trust

Document Details	
Title	**Waste Management Policy**
Trust Ref No	1943-67677
Local Ref (optional)	
Main points the document covers	Processes required to ensure the safe storage and appropriate disposal of waste produced within a healthcare environment.
Who is the document aimed at?	All Trust staff that have contact with the service user in their home.
Author	Head of Infection Prevention and Control
Approval process	
Who has been consulted in the development of this policy?	This policy has been developed by the IPC team in consultation with appropriate senior Operations and Quality managers, MPFT, IPC Governance Meeting members and Public Health England
Approved by (Committee/Director)	Infection Prevention and Control Governance Meeting – notified to Quality and Safety Committee
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Category	Clinical
Sub Category	Infection Prevention and Control
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Who the policy will be distributed to	IPC Governance Meeting Members
Method	Electronically to IPC Governance Meeting Members and available to all staff via the Trust website
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Amendments History		
No	Date	Amendment
1	Jul 2020	General review and update of policy
2	June 2021	Inclusion of disposal of batteries and updated disposal of pharmaceuticals
3		
4		
5		

Contents

1 Introduction

This policy aims to ensure that waste management and appropriate waste processes exist across the Trust. This will reduce the level of risk of exposure to refuse/waste collections by patients, visitors and staff.

The policy identifies the wide range of waste produced in the various Trust healthcare settings, and provides guidance on how each waste stream should be handled, i.e. segregated, stored, transported and disposed of as safely and efficiently as possible.

This policy aims to ensure that waste management and appropriate waste processes are present within the Trust. The Trust aims to comply with government policy and guidance where possible committing to achieving a 'zero to landfill' target for waste produced.

2 Purpose

The aim of this policy is to:

- Ensure that the Trust has a systematic approach to the segregation, management, storage and disposal of waste and procedures to take responsibility for waste segregation and minimisation to ensure compliance with duty of care.
- Liaise with the waste management industry and Local Authority on best practical options for compliance and best practice.
- Comply with current environmental legislation relevant to the Trust's business in relation to hazardous contaminated waste, storage, documentation, decontamination, and disposal.
- Develop environmental initiatives in line with NHS guidelines.

The Trust is committed to ensuring that all waste is safely disposed of and in accordance with statutory requirements, as a minimum, in the clinical environment. Information and practice must be in line with the current Department of Health, Health Technical Memorandum 07-01: Safe Management of Healthcare Waste (HTM 07-01).

For in depth reference and guidance always consult HTM 07-01 available for download at

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/167976/HTM_07-01_Final.pdf

- Environmental Protection Act 1990 http://www.legislation.gov.uk/ukpga/1990/43/contents
- Environmental Protection (Duty of Care) Regulations 1991 http://archive.defra.gov.uk/environment/waste/controls/documents/waste-man- duty-code.pdf
- Waste Management The Duty of Care, a Code of Practice http://archive.defra.gov.uk/environment/waste/controls/documents/waste-man- duty-code.pdf

3 Definitions

Term/Abbreviation	Explanation / Definition
CCR	Clinical Case Review
COSHH	Control of Substances Hazardous to Health
DIPC	Director of Infection Prevention and Control
GP	General Practitioner
HCAI	Healthcare Associated Infection
HTM	Health Technical Memorandum
IPC	Infection Prevention and Control

LCM	Locality Clinical Manager
MPFT	Midlands Partnership Foundation Trust
PIR	Post Infection Review
PPE	Personal Protective Equipment
RCA	Root Cause Analysis
SaTH	Shrewsbury and Telford Hospitals
SIP	Service Improvement Plan
SWC	Site Waste Controller
SLC	Service Level Contract
SOP	Standard Operating Procedure
SWC	Site Waste Controller
Waste	Waste management within the content of this document comprises of the control of any products or substances comprising of: clinical waste arising from healthcare practices, general rubbish, paper, scrap metal, effluent or other unwanted substances, object or article which requires to be disposed of as being broken, worn-out, contaminated or spoiled.

4 Duties

4.1 The Chief Executive

The Chief Executive has overall responsibility for ensuring infection prevention and control is a core part of Trust governance and patient safety programmes.

The Chief Executive retains overall accountability for waste management across the Trust, but delegates daily responsibility for achieving the standards to locally appointed persons on all sites.

The Chief Executive requires the standards of this policy to be enforced at all times, and shall be assured through a process of local audits and work efficiencies that, where possible, the production of waste is minimised. This will also ensure that the risks involved with the handling, transporting and disposing of waste are assessed, and reduced or eliminated.

4.2 Directors and Director of Infection Prevention and Control

Directors are responsible to the Chief Executive for ensuring that the Waste Management Policy is effectively implemented within his/her responsibilities. They are also responsible for the preparation, implementation of site processes in order to meet the requirements of this policy and statutory law.

The Director of Infection Prevention and Control (DIPC) is responsible for overseeing the implementation and impact of this policy, make recommendations for change and challenge inappropriate infection prevention and control practice.

4.3 Infection Prevention and Control Team

The Infection Prevention and Control (IPC) team is responsible for providing specialist advice in accordance with this policy, for supporting staff in its implementation, and assisting with risk assessment where complex decisions are required

The IPC team will ensure this policy remains consistent with the evidence-base for safe practice, and review in line with the review date or prior to this in light of new developments.

The Infection Prevention and Control Team can advise on potential infection risks associated with waste, and can agree the associated protective and remedial procedures to be carried out.

4.4 Managers and Service Leads

Managers and Service Leads have the responsibility to ensure that their staff including bank and locum staff etc. are aware of this policy, adhere to it at all times and have access to the

appropriate resources in order to carry out the necessary procedures. They are also responsible for ensuring that:

- All staff receive appropriate familiarisation with waste procedures during the local induction process.
- Resources and facilities are made available to ensure waste management operates in accordance with this policy, and with all legislation.
- It is the responsibility of each Service Delivery Manager to nominate an appropriate person at each site to monitor waste streams, ensuring all staff on site comply with the requirements of this policy and statutory law.

4.5 Locality Clinical Managers

Locality Clinical Managers (LCMs) shall ensure that all support services staff (e.g. domestics, porters, etc) are fully-trained in waste handling processes, and are competent to do so at every stage of the process (e.g. from waste generation to the point of storage).

LCMs are required to monitor waste handling processes allied to their service, and shall conduct regular site audits to ensure processes are being followed.

Heads of Department/Managers shall ensure all staff are aware of this Waste Management Policy and appropriate Codes of Practice.

They are responsible for ensuring that initial and refresher training is established, and that monitoring of compliance in their work areas is conducted and recorded.

They shall also be responsible for notifying appropriate persons of any changes in working procedures to which their respective waste activities apply.

Managers and Service Leads will ensure compliance with this policy is monitored locally and ensure their staff fulfil their IPC mandatory training requirements in accordance with the Trust Training Needs Matrix.

4.6 Site Waste Controller

The person designated as the “site waste controller” (e.g. porter, domestic) is responsible for ensuring that the handling, storage and disposal of waste at all Trust sites is in accordance with legislation, policy and approved codes of practice.

4.7 Facilities and Estates Managers (MPFT)

Facilities and Estates Managers (MPFT) shall ensure that contracts for all waste streams exist with authorised waste handlers/contractors and that all waste at each Trust site includes removal from site via approved transport, to a final place of disposal or transfer in accordance with current regulations. This is undertaken through the Estates Service Level Contract (SLC) with Midland Partnership Foundation Trust (MPFT).

- The Estates Department at MPFT, on behalf of the Trust, will receive and control all waste documentation.
- An audit of the waste trail must be undertaken annually to ensure waste is managed in accordance with agreed contracts, and that the Trust’s duty of care to ensure safe management processes for waste disposal exist.
- The MPFT Estates Department will ensure waste bins/skips supplied by the contractors are of the correct size and type, whilst being positioned in strategic locations on each site to ensure that support staff are not hindered in the disposal of waste whilst undertaking their duties.
- Will advise managers, staff and Trust Health and Safety Committee on issues relating to waste disposal.
- Will investigate all serious waste management incidents/breaches in Standard Operation Procedure (SOP) and identify root cause and share lessons learnt and best practice.
- Will oversee and undertake regular compliance audits for the Trust.

- Will ensure MPFT receives the appropriate waste licenses.
- Will ensure MPFT receives the appropriate Environmental (Waste) Licenses/Permits and monitors their validity.

4.8 Head of Governance and Risk

The Trust's Head of Governance and Risk shall be responsible for ensuring this policy is compatible with Trust and local health and safety procedures, and that staff of all grades and responsibilities adhere to all regulations pertaining to the safe handling, transporting and disposal of waste.

4.9 Staff

All staff have a personal and corporate responsibility for ensuring their practice and that of staff they manage or supervise comply with this policy. It is the responsibility of all Trust employees to comply with local waste management procedures. This also includes agency or bank staff, or visiting professional employed to provide services on behalf of the Trust.

Individual staff handling waste, particularly that of a hazardous nature, are required to comply with the contents of this policy at all times.

Staff must attend initial and refresher training as necessary, and must adhere to the guidelines included in this policy and any local procedures.

Staff should always report any untoward events involving the handling, movement of storage of waste awaiting disposal via the Trust's incident reporting system Datix.

4.10 Committees and Groups

4.10.1 Board

The Board has collective responsibility for ensuring that appropriate and effective policies are in place to minimise the risks of healthcare associated infections.

4.10.2 Quality and Safety Committee

Is notified of all IPC incidents.

4.10.3 Infection Prevention and Control Governance Meeting

Is responsible for:

- Advising and supporting the IPC team.
- Reviewing and monitoring individual serious incidents, claims, complaints, reports, trends and audit programmes.
- Sharing learning and lessons learnt from infection incidents and audit findings.
- Agreeing and escalating key risks/items of concern to the appropriate Directors and/or the Quality and Safety Committee.
- Approval of IPC related policies and guidelines.

5 General Duties of the Site Waste Controller (SWC)

In the Community Hospitals, the SWC is normally a member of the portering or domestic staff. At health centres, this may be the domestic or nursing staff. Each site must therefore have a dedicated person (or persons) who will ensure that the handling, storage and disposal of waste is in accordance with legislation, policy and approved codes of practice.

Where necessary, the designated SWC will liaise with Estates, Head of Governance and Risk, and/or Infection Control staff. This will ensure all sites comply with the appropriate procedures in relation to the handling, segregation, storage and disposal of waste.

Where appropriate, the SWC shall undertake Control of Substances Hazardous to Health (COSHH) assessments of waste products, materials and disposal processes.

The SWC shall investigate and/or review any reported incidents associated with the handling of healthcare waste, and shall make recommendations for improvement as required.

The SWC will monitor methods of handling, storing, transporting and disposing of healthcare waste.

Liaison with departmental managers to ensure all site staff are aware of procedures relating to the disposal of waste.

Liaison with Estates, Hospital Managers, LCMs, Procurement etc. to ensure that an appropriate and acceptable range of personal protective equipment (PPE), healthcare waste containers, waste storage facilities are available as appropriate.

Liaison with Medicines Management to ensure used pharmaceutical products are disposed of appropriately.

The SWC will hold schedules for collection contracts, and will audit compliance with the contract.

Clinical waste should be accompanied by a Consignment/Transfer Note as appropriate. This is a legally accountable document and must be properly authorised, dated, timed and signed at every stage of the waste disposal process.

6 Waste Management Definitions and Classifications

Waste regulations require the classification of waste on the basis of hazardous characteristics and point of production. Appendices 1 and 2 show examples of the types of waste produced by the healthcare sector which are classified as hazardous and non-hazardous.

Staff will receive familiarisation training relating to waste handling and disposal via health & safety mandatory training, with further advice available from the Trust's health and safety, infection prevention and control, or estates departments.

7 Waste Disposal Procedures

This section deals with general matters of information relating to the correct procedures for the disposal of waste. Where specific examples are referred to, the type of waste involved is detailed.

7.1 Colour Coding of Waste Bags

To ensure that all waste is safely and properly disposed of, separate coloured bags will be used, each signifying the category of waste.

The main colours are:

- Clear or Black Plastic Bags – for household/non-infectious waste for compaction and/or landfill.
- Yellow Plastic Bags UN 3291 Specification – for clinical anatomical waste for incineration.
- Yellow Plastic Bags, Marked RADIOACTIVE.
- Yellow with Black Stripe – offensive/hygiene waste for landfill.
- Red Plastic Bags – Human tissue, limbs, placenta – incineration.
- Orange Plastic Bags – infectious waste (alternative treatment).

The correctly coloured bag must be used at all times. Failure to do so could result in disciplinary action being taken.

Bags will be housed in suitable waste bins.

When bags are about three quarters full, they should be securely sealed with a swan neck and security plastic clip (see Appendix 3).

They will be regularly collected in accordance with a laid down schedule from designated collection points and taken to the appropriate waste collection bins

All collections of waste from an individual site will be fully documented by the use of the approved collection/consignment note, copies of which will be retained in accordance with the disposal regulation.

7.2 Disposal of Household Waste – Classification

May include:

- Newspaper, paper towels, cardboard, dead flowers, non-infectious plaster casts and similar non-infected materials.
- Aerosol cans (non-medicinal), glass containers, broken glass and crockery and similar items of non-infected waste which would be hazardous to handle, especially if broken.
- Non-medicinal aerosol cans, glass containers etc. must first put into suitable rigid container. When this is full, it must be sealed and then collected by portering staff for subsequent collection and disposal by a specialist contractor. On no account must this kind of waste ever be put inside a red or yellow plastic bag and sent for incineration. Aerosol cans may explode when burnt and injure the incinerator operator and cause extensive damage to the incinerator.
- Other items of household waste must be put straight into a clear or black plastic bag. This will be tied or taped shut by domestic staff, placed within the waste collection bins provided and will be collected and disposed of by the specialist contractor.

7.3 Disposal of Clinical waste – Classification

Clinical waste is defined as, any waste which consists wholly or partly of human or animal tissue, blood or other body fluids, excretions, drugs or other pharmaceutical products, swabs or dressings, syringes, needles or other sharp instruments being waste which unless rendered safe may prove hazardous to any persons coming into contact with it; and any other waste arising from medical, nursing, dental, veterinary, pharmaceutical or similar practice, investigation, treatment, care, teaching or research, or the collection of blood for transfusion, being waste which may cause infection to any person coming into contact with it.

Offensive waste (sometimes referred to as hygiene waste) is waste that is non-infectious but may cause offence due to the presence of recognisable health care waste items, body fluids or odour (disposal in yellow with black stripe bag).

Hazardous/infectious healthcare waste, where any of the following apply: (Orange Bag)

1. The source person is known or suspected to have a disease/infection caused by a microorganism or its toxin and the waste is likely to contain the viable infectious agent or toxin.
2. The waste is, or is contaminated with, a culture or an enrichment of a microorganism or its toxin that may cause disease in man or other living animals.
3. The healthcare waste may cause infection to any person (or other living organism) coming into contact with it.

7.4 Disposal of Sharps Waste

Sharps are defined as items (or parts of items) of healthcare waste that could cause cuts or puncture wounds, including needles, the needle part of a syringe, scalpel and other blades, broken glass ampoules and the patient end of an infusion set.

Sharps waste does **not** include:

- Syringe bodies (other than the needle) and the residual medicine they contain (but needles must not be removed from the syringe to enable separate disposal – refer to the Prevention and Management of Needlestick Injuries and BBV Policy for more information
- Medicinal waste in the form of bottles, vials, ampoules, opened ampoules
- Tubes of medication or tablets etc.

- Swabs or other soft infectious waste
- Anatomical waste
- Broken crockery/glassware from non-healthcare items

7.4.1 Sharps Segregation Colour Coding

Sharps are segregated and disposed of on the basis of their medicinal contamination. The lid colour of the receptacle or whole receptacle is based on the contamination of the contents and therefore how the waste should be treated and disposed of (see Appendix 4).

- Sharps Waste – Requirements for safe practice – refer to 'needlestick' policy
- See also Check to Protect – Safer Sharps and Disposal of Sharps – available on the IPC page of the Trust's staff website

7.4.2 Sharps Boxes

Boxes or cartons for the disposal or syringes, needles or other sharps should comply with BS 7320. They should be:

- Impenetrable and seepage-proof under normal conditions of use.
- Capable of being handled and moved whilst in use with minimal risk to users, and of contents spilling or escaping.
- Provided with an aperture which, under normal usage conditions, will inhibit the removal of any contents.
- Lockable when full or ready for disposal.
- Made of materials which can be fully incinerated (but not PVC).
- Clearly marked on the exterior as to the nature of the contents and locality where contents were generated.
- Signed and dated by the person assembling and sealing the box.
- Predominantly yellow in colour.
- Overprinted DANGER OF INFECTION or DESTROY BY INCINERATION.
- There are no guidelines as to the length of time sealed boxes can be stored, but should not be in use for more than 3 months. Each site generating clinical waste has a contract set up for regular collections.
- Sharps boxes have a mechanism by which the box can be temporarily closed. This is a very useful device, particularly when boxes are transported from one clinical department to another, or from home to home in the community.
- The temporary closure involves depressing the lid partially so that it "catches". When required, the lid can be re-opened.
- When the container reaches 2/3 full, or after 3 months of first use, pull the temporary closure tightly across until you hear a positive "click" which will mean that the container is properly closed and the contents ready for disposal. REMEMBER TO COMPLETE THE LABEL DETAILING THE DATE THE BOX WAS CLOSED AND THE NAME OF THE PERSON CLOSING IT. (For disposal guidelines, please refer to item 7.4 & 7.4.1).

7.5 Disposal of Human Tissue, Limbs and Placenta – (Red Bag) Procedure

This type of waste is usually only small quantities.

For example, General Practitioners (GPs) operating within the Trust premises may produce such waste by the carrying out of minor surgical procedures and adequate steps must be taken by the GPs to dispose of waste safely.

The GPs have a duty to ensure the safe disposal of such waste and documentary evidence (Consignment Notice) of the steps taken to ensure compliance must be provided to the satisfaction of the Trust.

7.6 Disposal of Cytotoxic Drug Waste and Sharps – Purple Lidded Sharps Box (All cytotoxic and cytostatic must been consigned as hazardous waste)

All disposable equipment used to administer cytotoxic/cytostatic drugs, i.e. syringes, needles and content of vials, ampoules, or mini bags, giving sets together with paper towels and cotton wool balls, disposable gloves, face masks, aprons, gowns and the sheet used to prepare the drug on must be placed in sharps box marked “cytotoxic waste”.

The whole of the giving set must be put into the box, i.e. the needles must not be separated.

Ensure size of sharps container is appropriate to amount of items for disposal.

All non-disposable items, e.g. eye goggles, trolley equipment must be thoroughly decontaminated. Protective clothing (gloves, apron, mask) **must** be used during this process.

Please refer to SOPs for your specific area e.g. DAART, HMP Stoke Heath, 0 - 19 service.

Spillages of cytotoxic drugs **must** be mopped up with paper towels and the area cleaned. Waste must be disposed of in a sharps box marked “cytotoxic waste”. Protective clothing (gloves, apron, mask and goggles) **must** be used during this process.

For unused cytotoxic medicines, contact the service which supplied for advice on return or disposal.

Any expired medicines must be disposed of in the cytotoxic waste bin.

7.7 Disposal of Pharmaceuticals

Medicines no longer required will be disposed of in the Ibin on in-patient wards. For controlled drugs – refer to the appropriate SCHT SOPs. The Ibin will be emptied by the Medicines Management Team and recycled or disposed of appropriately as per SCHT SOPs.

For open medication / tablets not used at ward level or other clinical areas will be disposed of in a blue lidded “medication only” (blue lid) container.

Medicines no longer required in other clinical areas must be disposed of as per local SOPs with the exception of controlled drugs. In these instances, contact must be made with the Medicines Management Team who will aid destruction as per SCHT SOPs.

Cytotoxic Medicines will be covered by specific SCHT SOPs.

7.8 Food Waste

Wherever possible, food waste will be disposed of using waste disposal machines specifically designed for this purpose and which have been properly connected to the hospital’s drainage system.

Wherever such machines do not yet exist, food waste will be stored in a suitable container in an external storage area to await regular collection by a contractor. These containers must not be allowed to overflow and must have secure covers. Any waste which is spilt onto the ground must be cleaned up at once. The storage area will be hosed down at regular intervals.

Used cooking oil will be collected and stored, from where it will be collected by an outside contractor ensuring duty-of-care procedures are adhered to.

7.9 Disposal of Oil

(Must be consigned as hazardous waste)

Heavy/medium fuel oil that is contaminated is removed and disposed of by a separate specialist contractor, who is called in specifically to carry out this work as required by the appropriate Estates Officer. The amount of contaminated fuel removed is logged for energy and costing purposes.

7.10 Industrial Refuse, Mercury, Scrap and Surplus Equipment

a) Industrial Refuse and Scrap

This covers such items as building and engineering rubble, rubbish and waste and condemned or unwanted furniture and equipment. It is removed by special arrangements organised by the Facilities and Estates Management Department by skip or by calling in contractors to remove it as and when required. Equipment can only be condemned by designated officers.

b) Surplus/Obsolete Equipment

If electrical of electronic, the WEEE Directive must be complied with and items be consigned to hazardous waste

c) Disposal of Mercury

Where it is necessary to dispose of mercury, specific advice must be sought from the Facilities and Estates Management Department. On no account should the mercury contaminated equipment be sent for repair through the internal or external mail system without first being de-contaminated.

7.11 Disposal of Confidential Waste

In line with the Trust's Caldicott Policy, procedures are in place across the Trust for the disposal of confidential waste. This includes the provision of locked containers into which confidential waste must be deposited for safe disposal.

A third party company, through Facilities and Estates department provide the containers and manage the systems to ensure waste from these is disposed of appropriately via incineration.

Confidential waste must not be disposed of in ordinary "general" waste containers such as black bags, waste paper baskets etc.

Further advice and information may be obtained through the MPFT Facilities and Estates department.

7.12 Disposal of Medical Devices

A medical device is defined in the Medical Devices Regulations as a device intended by the manufacturer to be used for human beings for the purpose of:

- Diagnosis, prevention, monitoring, treatment or alleviation of disease
- Diagnosis, monitoring, treatment, alleviation of or compensation for an injury or handicap
- Investigation, replacement or modification of the anatomy or of a physiological process e.g. control of conception.

7.13 Disposal of Single-Use Instruments

Single-use instruments are now commonly being used in the community by a number of healthcare professionals (for example podiatrists). Single-use instruments can take the form of plastic, wood or metal instruments.

Contaminated single-use plastic or wood instruments – where there is no risk of sharps and they are deemed to be infectious/hazardous or non-infectious – can be safely disposed of as orange bagged waste.

Single-use metal instruments should be put into a rigid yellow sharps container clearly marked.

Single-use instruments cannot legally be disposed of in the domestic waste stream.

7.14 Disposal of Amalgam – White Containers – Dental

Amalgam waste consists of amalgam in any form and includes all other material contaminated with amalgam. Amalgam waste should be placed in rigid white receptacles with a mercury suppressant. Amalgam waste should be sent to suitably licensed or permitted waste management facilities where the waste undergoes a mercury recovery process prior to final disposal.

7.15 Disposal of Gypsum and Plaster Casts

Gypsum-rich wastes are likely to be produced as:

Plaster casts and related materials in accident and emergency departments, Minor Injuries Units or fracture clinics; plaster models in dental practices and similar units in hospitals. They may also be produced by chiropodists/podiatrists.

These materials, if they enter a normal landfill with other waste including residues from clinical waste disposal, may produce hydrogen sulphide gas. For this reason it is prohibited from landfill.

If any gypsum waste is produced:

Identify and segregate the small proportion that is genuinely contaminated and poses a risk of infection – this may then be disposed of in the orange bag; the major part of the material must be segregated into an appropriate container and sent either for gypsum recycling or for landfill in a specifically designed landfill – advice from a specialist contractor should be sought.

The vast majority of plaster casts and models are not infectious and must not be placed in the clinical waste stream.

Gypsum plaster casts should not be placed in black or orange waste streams either. These should be segregated as a specific gypsum waste stream.

7.16 Disposal of Chemicals

The COSHH data sheet should advise on the safe disposal of the chemical. If the COSHH sheet is not available the duty holder would need to list the type and amount of chemical and contact MPFT who will contact our waste contractor for a cost to remove and consign it as per duty holder's duty of care.

7.17 Disposal of Batteries

Used batteries should be disposed of in battery boxes which can be ordered from www.recycle-more.co.uk with no additional cost to the Trust.

Appendix 10 shows location details of battery collection boxes.

7.18 Disposal of Large Equipment and Mattresses

7.18.1 Mattresses

In most cases, particularly when replacement programmes are in operation, a mattress is not classified as clinical waste. Most mattresses within the NHS can be easily cleaned with a mild detergent and warm water prior to throwing out. This is known as decontamination and as long as a fully completed decontamination form is presented to the collection and disposal companies, the mattress can be put into the normal commercial waste stream.

Disposal of a mattress that has had its rubber cover split/ripped and is evidently contaminated with bodily fluids may be classified as clinical waste. The mattress should be wrapped in an unmarked yellow plastic bag and kept safely for collection by the contractor.

7.18.2 Furniture and Equipment

Furniture and equipment belonging to the Trust should be disposed of in accordance with Facilities and Estates' advice.

IT equipment disposal is to be referred to the IT department/HIS.

7.19 Building and Engineering Waste

These wastes are produced by the building contractor/maintainer and should be disposed of from the site of production by returning the waste to organisational address of the building contractor/maintainer for storage pending disposal.

The building contractor/maintainer is the holder of the waste and retains responsibility for the waste they produce. Moreover, the Trust does have a duty of care to ensure that building contractors/maintainers hold appropriate licenses or exemptions for the transfer and storage of the waste they produce and should ensure that hazardous wastes, for example asbestos waste,

being removed by the building contractor/maintainer are being correctly handled, transported and disposed of.

7.20 **Other Waste**

Where a need arises to dispose of waste which is not categorised above, the Head of Department must:

- Seek the advice of Specialist Safety Officers or the Facilities and Estates Management Department.
- Ensure that adequate precautions are taken to ensure that safe disposal procedures are carried out.

If the disposal of such waste becomes a regular occurrence, the Head of Department must also inform the Facilities and Estates Management Department so that the waste disposal procedure can be amended accordingly and all relevant people informed.

7.21 **Transport of Waste Bags**

When handling waste bags, staff should pick up bags by the neck and not by the main part of the bag. Protective gloves should be worn when picking up waste bags and sharps boxes.

a) Trolleys

- Waste bags should not be transported on trolley at the same time as clean items.
- Trolleys used for transporting waste bags must be designated and constructed so that:
    a. Surfaces are smooth and impermeable.
    b. They do not offer harbourage to insects.
    c. They can be cleansed and drained.
    d. Particles of waste do not become lodged in the fabric of the trolley.
    e. The waste can be easily loaded and unloaded.
- Trolleys used for transporting waste bags must be clearly identified as waste trolleys.
- They must be thoroughly cleaned and dried in a designated external area, at least weekly and immediately after any spillage.

b) Motor Vehicle

- Only designated specially equipped vehicles should be used in transporting waste bags. Generally, vehicles should be used for transporting clean items for personnel at the same time as waste.
- Vehicles designated for transporting waste must be thoroughly cleaned and drained regularly in a designated external area suitable for this purpose.
- All vehicles will be equipped with a biohazard spillage kit and PPE

7.22 **Spillages**

Any spillages of waste must be cleaned up as soon as possible.

Where the waste is non-infected, it can simply be swept or mopped up, re-bagged or sluiced away as appropriate. Care must be taken with glass and other sharps and their disposal.

Infected or hazardous waste i.e. cytotoxic waste, solid or liquid, which is spilt whilst on the ward or in the department, must be cleaned up in accordance with nursing/ departmental procedures. Protective clothing and gloves must be worn.

In case of doubt, contact the Facilities and Estates Management Department for further advice.

Infected waste, solid or liquid, which spills whilst in transit form the ward/department or whilst awaiting incineration, must not be touched without further advice being sought. Advice will be given on how the spillage should be cleaned up if necessary; someone will be sent to the scene. Disposable gloves and other protective clothing must be worn when cleaning up such spillages.

Please refer to Appendix 5 below.

7.23 Security

Infected waste must be placed into the correct colour coded bag or receptacle and disposed of as soon as possible.

Yellow, red or orange plastic bags must not be left in areas that are unsupervised or insecure.

All healthcare waste must be stored in a secure place away from public access within the premises (that is, taking all reasonable precautions to prevent waste escaping and to prevent the public getting access to it – this could be a fenced, locked compound).

7.24 Waste bins

Must be of a design which supports thorough cleaning, are foot operated and constructed in such a way that the operator is unable to lift the lid using their hands.

7.25 Jointly Used/Shared Premises

In premises occupied by several organisations, the responsibilities of service managers and lines of accountability should be jointly agreed. A joint waste protocol /procedure should be agreed and made available to all relevant staff.

7.26 Waste Storage Areas

On removal from a clinic or ward, the waste should only be stored in the approved containers. Clinical waste should be stored in the yellow containers and domestic waste into the black containers. The storage areas throughout the Trust must be kept locked at all times so that they are not accessible to the general public and are kept out of reach of pests.

7.27 Plastic Bags

All plastic bags are procured through the supplies contract and meet the specified criteria of:

- Being capable of holding a minimum normal capacity of 0.1m³.
- Being constructed of a minimum gauge 225 (55 microns) if low density, or minimum gauge 100 (25 microns) if high density.
- Conforming to the recommended colour-coding (i.e. yellow with black stripe, orange, clear or black)
- Not to be PVC-based.
- Being housed in a foot-operated rigid waste bin.

It is the responsibility of the Head of Department/Senior Manager to ensure there is always an adequate supply of waste bags to meet service needs.

7.28 Waste Storage Area

In general, the following should be adhered to:-

7.28.1 Containers

- Waste must be stored in suitable containers such as storage bins or skips.
- Where this is not practicable, a designated lockable store room must be provided.
- Clinical waste **MUST NOT** accumulate in corridors, wards, clinical areas etc accessible to members of the public. It must be removed to a secure location as soon as possible after the containers have been sealed, signed and dated.

7.28.2 Location

Storage containers must be located in a designated secure area:

- Accessible by staff and contractors.
- Be of the correct size relating to collection frequency.

- Capable of being thoroughly cleaned.
- Impervious and secure.

Other aspects should be considered through the risk management process in all locations where clinical waste is generated.

7.28.3 Storage Space

Storage space must be:

- Reserved for clinical waste storage.
- Well-lit and ventilated.
- Sited away from food preparation areas, general storage areas, and from routes used by the public.
- Totally enclosed and secure, and must be kept locked when not in use.
- Provided with a separate storage for sharps containers. This may require a higher degree of security in order to prevent unauthorised access.
- Sited on well-drained, impervious hard-standing.
- Readily accessible by authorised persons.
- Secure from entry by animals and free from insect or rodent infestations.
- Provided with wash-down facilities.
- Provided with washing facilities for employees. In hospitals, shower rooms are provided, however, in health centres hand-washing facilities only are likely to be provided.
- Clearly marked with warning signs.
- Provided with access to first-aid facilities.
- Provided with appropriate personal protective equipment (PPE), including gloves, aprons, overalls.
- Provided with materials for dealing with spillages close to the storage site.

7.28.4 Waste Disposal Methods and Procedures

Detailed information can be found at https://www.gov.uk/healthcare-waste. Local arrangements and guidance are detailed below.

7.29 Trust generated waste other than households (for households – see section 7.31)

The Trust's Estates Advisor is responsible for the setting-up of contracts for the disposal of the Community Trust's waste.

(**Note:** This is currently arranged by way of a Service Level Contract (SLC) with the Midland Partnership NHS Foundation Trust (MPFT))

The site waste controller will ensure full compliance with legislation by ensuring the duties and responsibilities outlined in section 5 above are adhered to.

This includes ensuring that disposal methods used comply with current legislation and, where appropriate, acceptable to the Waste Regulations Authority, or other statutory authorities.

Licensed Contractors – Licensed contractors **MUST** be appointed to transport all waste types (other than household) to its destination.

Schedule of waste collection – The schedule for waste collection will be written into the SLC with MPFT and the appointed waste disposers. Collections will vary by site dependent upon the level of waste produced.

7.30 **Information regarding waste collection types**

Clinical Waste – The approved contractor will collect waste containers.

Their removal must be witnessed by site personnel who shall complete consignment note stating the –

(1) Date and time of collection;

(2) Number of bags or sharps boxes collected;

(3) Driver's name and vehicle registration number.

Consignment Note - The driver must leave a copy of the consignment note on site. **Consignment notes must be retained for two years** at the waste generating site.

Skips/waste containers: An approved specialist contractor **must** be used. Waste must be collected and disposed of in an approved manner (usually when skip is full). Consignment notes should be attached to the invoice for proof of disposal.

When siting waste containers a risk assessment must be carried out. In particular the potential for arson, scavenging, vandalism or attracting vermin must be considered.

All containers/bins must be capable of being locked on delivery. Containers/bins **must be locked** at all times and located in a compound if available. If no compound, containers/bins must be chained to a wall.

Recycling – The Trust must seek to reduce the volume of waste generated at its sites. This can be achieved by carefully recycling at every opportunity.

7.31 **Management of clinical waste in the community**

Assessing whether waste poses a risk of infection meaning that the orange waste stream should be used.

Healthcare workers working in the community and in the household environment need to assess the waste they are producing for the hazardous properties it may contain, most notably, "infectious".

To assess accurately whether the waste generated is infectious or suspected to contain infectious pathogens, a risk assessment should be performed. This should be based on the professional assessment, clinical signs and symptoms, and any prior knowledge of the patient. (See Appendix 1).

If the risk assessment confirms that the waste produced needs to be treated as hazardous/infectious then see Appendix 6 for disposal options.

The results that determine whether a waste is classified as infectious or non-infectious would be expected to be the same regardless of the healthcare setting whether in the hospital or in a community environment.

Where either assessment above has identified that the dressing is not infectious, the following should be considered (noting that the type of dressings that are produced in the community by a healthcare worker can vary greatly):

Contaminated dressings from a wound assessed by the healthcare worker as non-infectious can be treated as non-hazardous and should be contained and disposed of in the domestic waste stream.

Domestic waste does contain small numbers of plasters, small dressings and incontinence products. Where the healthcare worker produces the same or similar items, these – with the following considerations – can be double-bagged and placed in the domestic waste (with the householder's permission). The following should be considered:

- Quantity produced – where a number of small dressings are produced regularly over a period of time, it may be appropriate to dispose of these as offensive/hygiene waste.

- Packaging – where such waste is placed in the domestic refuse, the waste should be wrapped in a plastic bag. The wrapping should not be yellow or orange, as the waste is not deemed to be infectious.

7.32 **Private Households**

With the exception of sharps bins, it is for patient/carer to make provision for the disposal of waste generated at the home/residence (see guidance 7.35).

If disposal within the home is appropriate this must be considered as part of the consent treatment **at the start of an episode of care**. This duty of care includes undertaking a risk assessment to ascertain the nature of the waste and appropriate disposal route.

If small amount of clinical waste and sharps bins are required to be transported in a staff member's car, the waste must be transported in a locked boot, out of sight contained in a red, green labelled, clinical waste transportation box (category B, UN 3373 standard).

If a hazardous waste [domiciliary] collection is required, the safe storage of the waste, whilst collection by an approved collection contractor is awaited, must be agreed with the householder.

The waste must be stored in a suitable place to which children, pets, pests etc. do not have access and offence to others is not caused. The patient/carer must understand that responsibility for this waste includes its correct storage, whilst awaiting collection by a registered waste carrier.

It is not appropriate to leave the waste unsupervised on the pavement awaiting collection.

7.33 **Local transportation of waste material (Non Household)**

Trolleys or carts used for transportation of any waste, from area generated to bins/cuboids, must be designed or constructed so that -

- Surfaces are smooth and impermeable.
- Do not offer harbourage to insects.
- Can be easily cleansed and drained by "authorised persons". (The locations "operational policy" should advise who.)
- Waste material cannot be lodged in corners or within the construction of the trolley.
- Waste can be easily loaded, secured and unloaded.

Details on the management of blood and bodily fluids spillages in the healthcare setting can be found in Appendix 5.

In the event of a chemical spillage, the Manufacturer's Safety Data Sheet (MSDS) should be consulted.

The MSDSs should be kept in an accessible but secure place on site.

Appropriate PPE and, where necessary, respiratory protective equipment (RPE) should be worn during clean-up activities.

Chemical spillage incidents should be reported via the Trust's incident reporting system (Datix). Advice should also be sought from the Head of Governance and Risk in carrying out a risk assessment.

7.34 **Jointly Used Premises**

In premises jointly used by the healthcare professional/service and other organisations, the responsibilities of managers and lines of accountability must be jointly agreed. A joint waste procedure which is fully compliant with this policy should be developed and made available to all relevant staff.

Where community staff visit patients in other care establishments it is the responsibility of the owner/manager of that establishment to dispose of any waste generated, with the exception of sharps (which the user should dispose of into a sharps bin at point of use).

7.35 Guidance for Patient/Carer

Collection of waste from private households in the Shropshire and Telford areas

The procedure for the collection of clinical waste from private households in the Shropshire and Telford areas is listed below:

Telford & Wrekin Council – Provide yellow waste bags for clinical waste; these are collected weekly from the household.

Procedure – Householder to contact the Council, who will send them a form to be completed and signed by their GP or Health Visitor.

Contact – Telford & Wrekin Council: 01952 384 384.

Shropshire Council – Provide clinical waste bins (140 litres); collected on their household bin collection day.

Procedure – Householder to contact the Council. On receipt of request the bin will be delivered within 10 working days.

Contact – Shropshire Council: 03456 789 007

Additionally:

Non-hazardous and non-infected waste:

Small amounts may be disposed of by wrapping securely and, sealing in two plastic bags and placing in the patient's own waste bin. (The bin should be stored externally if possible).

For larger amounts the waste must be bagged as hazardous waste (see guidance hereafter) and arrangements made for home collection. It is for the patient/carer to arrange with the Council its collection. Larger or extra waste bins may be arranged by the patient/carer if the Council provide.

7.35.1 Patients with a communicable infection, e.g. blood borne viruses, blood/body fluid

Waste in this category must be collected as hazardous infected waste and not be placed in wheelie bins. It is for the patient/carer to arrange with the Council its collection.

7.35.2 Sharps bins used/stored in the patient's own home

Treat as hazardous waste. If prescribed for an individual, the method of disposal should be provided in writing on receipt of the unused sharps bin by the GP or Pharmacy

When provided for use within the home the sharps container should be returned to the prescriber for disposal e.g. the patients GP, SaTH, RJAH etc.

7.35.3 Hazardous Waste

If a hazardous waste collection is required from a home setting, either as a single collection or regular service, the patient/carer must be informed of the principles of safe storage of waste and details of the collection service.

Note: It is for the patient/carer to make the disposal arrangements in line with the aforementioned guidance. Please refer to Section 7.35.

Note – Prior to the first collection, the healthcare professional who generates the waste is responsible for the provision of the appropriate bag for placement of waste awaiting collection.

7.35.4 Anatomical Waste

If anatomical waste is generated within the home setting then an anatomical waste bin should be used. Dependent upon circumstances this may either be left in the home for collection by the Waste Contractor (following appropriate arrangements) or returned to the healthcare professional's base for disposal.

7.35.5 Sharps – Transportation

Trust staff, such as District Nurses, Health Visitors, School Nurses etc., may have to transport sharps boxes in their private or lease car. The following precautions **must** be taken to ensure safe working practice:-

- A proprietary sharps box designed for the purpose**must** be used, and the box must be correctly assembled.
- The identification label **must** be completed correctly.
- Protective equipment **must** be available at all times (gloves, aprons, etc).
- The aperture **must** remain closed at all times.
- The vehicle **must not be** left unattended unless locked, and the sharps bin **must** not be visible.
- Where possible, the sharps box **must** be stored in a sealable plastic storage box in the boot of cars to provide additional protection.

8 Legislation and Further Guidance

This policy has been developed to address and implement the requirements of current legislation in respect of waste handling, storage, transportation and final disposal. Below is an indicative list of further guidance and statutory requirements for the management of waste.

Department of Health, Health Technical Memorandum 07-01: Safe Management of Healthcare Waste (HTM 07-01). For in depth reference and guidance always consult HTM 07-01 available for download at https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/167976/HTM_07-01_Final.pdf

- The List of Wastes (England) Regulations 2005, available at www.opsi.gov.uk/si/si2005/20050895.htm
- The Hazardous Waste (England and Wales) Regulations 2005, available at www.opsi.gov.uk/si/si2005/20050894.htm
- The Health and Safety at Work Act 1974, available at www.healthandsafety.co.uk/haswa.htm
- The Management of Health and Safety at Work Regulations 1999, available at www.hmso.gov.uk/si/si1999/19993242.htm
- The Control of Substances Hazardous to Health Regulations 1999 London, available at www.hmso.gov.uk/si/si1999/19990437.htm
- The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995, available at www.hmso.gov.uk/si/si1995/Uksi_19953163_en_1.htm
- Safe Use and Disposal of Sharps MDA SN 2001, available at www.medical-devices.gov.uk/mda/
- PRATT RJ et al (2001) The Epic Project. Developing national evidence-based guidelines for preventing healthcare-associated infections. Phase 1: Guidelines for preventing hospital-acquired infections, Journal of Hospital Infection, 47 (Supplement),
- SS-59, available at www.dh.gov.uk/PublicationsAndStatistics/Publications
- Guidance for Clinical Healthcare Workers: Protection against infection with blood- borne viruses. Recommendations of the Expert Advisory Group on AIDS and the Advisory Group on Hepatitis, available at www.dh.gov.uk/assetRoot/04/01/44/74/04014474.pdf
- British Standard 7320: 1990 Specification for Sharps Containers, London. British Standards Institute.

- The Carriage of Dangerous Goods by Road Regulations 1995, London. The Stationery Office, available at www.hmso.gov.uk/si/si1996/Uksi_19962095_en_1.htm
- The Carriage of Dangerous Goods (Classification, Packing and Labelling) and Use of Transportable Pressure Receptacles 1996, available at www.hmso.gov.uk/si/si1996/Uksi_1996_en_1.htm
- Waste Management Licensing Regulations A Code of Practice 1994, London, available at www.defra.gov.uk/environment/waste/management/
- Medicines Act 1968, London. The Stationery Office
- The Environmental Protection Act 1990, available at www.hmso.gov.uk/acts
- The Carriage of Dangerous Goods and Use of Transportable Pressure Equipment Regulations 2004, available at www.opsi.gov.uk/si/si2004/20040568.htm
- The Carriage of Dangerous Goods and Use of Transportable Pressure Equipment (Amendment) Regulations 2005, available at www.dft.gov.uk/consultations/archive/2005/cdgr/
- Health Technical Memorandum 07-01 Safe Disposal of Clinical Waste. Published November 2006, available at www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_063274
- Waste Electrical Electronic Equipment Directive, available at www.netregs.gov.uk/netregs/legislation/380525/473094/?land=_e
- ADR Regulations 2005: Provisions Regarding the Transport of Dangerous Goods, for example Clinical Waste, available at www.hse.gov.uk/cdg/manual/adrcarriage.htm

NB: The above list is for illustration purposes only and is not exhaustive or definitive of all the legal Statutory Instruments and best practice guidance.

9 Further information and guidance may be obtained from:-

- MPFT Facilities & Estates
- Head of Governance and Risk
- Infection Prevention and Control Team
- Environment Agency
- Department of Environment, Food and Rural Affairs (DEFRA)
- Health & Safety Executive (HSE)
- Appendix 1: Clinical Waste

10 Consultation

This policy has been developed by the IPC team in consultation with appropriate clinical services managers, advisors/specialists (e.g., Medical Advisor, Specialist Nurses, Medicines Management), PHE and IPC Governance Meeting members.

A total of three weeks consultation period was allowed and comments incorporated as appropriate.

10.1 Approval Process

The IPC Governance Meeting members will approve this policy and its approval will be notified to the Quality and Safety Committee.

11 Dissemination and Implementation

This policy will be disseminated by the following methods:

- Managers informed via Datix who then confirm they have disseminated to staff as appropriate
- Staff – via Team Brief and Inform
- Awareness raising by the IPC team
- Published to the Staff Zone of the Trust website

The web version of this policy is the only version that is maintained. Any printed copies should therefore be viewed as 'uncontrolled' and as such, may not necessarily contain the latest updates and amendments. When superseded by another version, it will be archived for evidence in the electronic document library.

11.1 Advice

Individual Services' IPC Link staff act as a resource, role model and are a link between the IPC team and their own clinical area and should be contacted in the first instance if appropriate.

Further advice is readily available from the IPC team or the Consultant Microbiologist.

11.2 Training

Managers and service leads must ensure that all staff are familiar with this policy through IPC induction and update undertaken in their area of practice.

In accordance with the Trust's mandatory training policy and procedure the IPC team will support/deliver training associated with this policy. IPC training detailed in the core mandatory training programme includes Standard Infection Control Precautions and details regarding key IPC policies. Other staff may require additional role specific essential IPC training, as identified between staff, their managers and/or the IPC team as appropriate. The systems for planning, advertising and ensuring staff undertake training are detailed in the Mandatory Training Policy and procedure. Staff who fail to undertake training will be followed up according to the policy.

Further training needs may be identified through other management routes, including Clinical Case Review (CCR), Root Cause Analysis (RCA) and Post Infection review (PIR), following an incident/infection outbreak or following audit findings. Additional ad hoc targeted training sessions may be provided by the IPC team.

12 Monitoring Compliance

Compliance with this policy will be monitored as follows:

- Hand hygiene will be audited in accordance with the Hand Hygiene Policy and via peer Hand Washing Assessments.
- Cleaning standards within Community Hospitals will be monitored in accordance with the Publicly Available Specification (PAS) 5748 framework.
- Environmental and patient equipment cleaning will be monitored as part of local routine cleanliness audits.
- Audited locally using the HCAI Prevention audits undertaken by the IPC team and by staff as Self-audits as part of the IPC audit programme.
- Additional periodic auditing and self-audits by clinical teams.
- The IPC Governance Meeting will monitor compliance of the cleanliness audit scores and the IPC team audit programme.

Numbers of staff undertaking IPC training, which includes Standard Infection Control Precautions will be monitored by the Organisational Development and Workforce Department.

As appropriate the IPC team will support Services' Leads to undertake IPC CCRs/RCAs/PIRs. Managers and Services' Leads will monitor subsequent service improvement plans and report to the IPC Governance Meeting.

Knowledge gained from CCR/RCA/PIR and IPC audits will be shared with relevant staff groups using a variety of methods such as reports, posters, group sessions and individual feedback.

The IPC team will monitor IPC related incidents reported on the Trust incident reporting system and, liaising with the Head of Governance and Risk, advise on appropriate remedial actions to be taken.

This policy will be reviewed three yearly or earlier in light of new national guidance or other significant change in circumstances.

13 Appendices

Appendix 1 – Definition

Clinical waste is defined in the Controlled Waste Regulations 1992. It means any waste which consists wholly or partly of:

- Human or animal tissue
- Blood or bodily fluids
- Excretions
- Drugs or other pharmaceutical products
- Swabs or dressings
- Syringes, needles or other sharp instruments

which, unless rendered safe may prove hazardous to any person coming into contact with it; and

- Any other waste arising from medical, nursing, dental, veterinary, pharmaceutical or similar practice, investigation, treatment, care teaching or research, or the collection of blood for transfusion, being waste which may cause infection to any person coming into contact with it.

Under the Environmental Protection Act 1990 it is unlawful to deposit, recover or dispose of controlled (including clinical) waste without a Waste Management Licence, contrary to the conditions of a licence or the terms of an exemption, or in a way which causes pollution of the environment, or harm to human health.

Contravention of waste controls is a criminal offence. Section 34 of the Act places people concerned with controlled (including clinical) waste under a duty of care to ensure that the waste is managed properly, recovered or disposed of safely, and is only transferred to someone who is authorised to keep it. Householders are exempt for their own household waste.

When Clinical Waste is also Hazardous Waste

Annex III of the Hazardous Waste Directive defines "infectious" as *"substances containing viable micro-organisms or their toxins which are known or reliably believed to cause disease in man or other living organisms".*

Hazardous clinical waste is waste which contains items that have been in contact with infectious substances. For example, where it is necessary to implement the "source isolation" protocol of a patient, infectious substances are likely to be present.

The term "Hazardous H9: Infectious" is used in the waste industry to classify infectious clinical waste.

How do we know if Clinical Waste is Hazardous Waste?

The Environment Agency document WM2 Appendix C: C9 Assessment of Hazard H9: Infectious describes how to assess a waste item for its potential to cause harm to the environment or human health. The definition includes the following terms:

> viable micro-organisms or their toxins which cause disease to man or other living organisms

The WM2 guidance suggests an assessment is carried out of H9 Infectious substances coming into contact with the waste item. This assessment should be carried out by the clinician, who will have background information on the patient being treated.

Additionally, Health Technical Memorandum 07-01: Safe Management of Healthcare Waste also provides guidance on assessment of infectious substances.

A clinician may specify special requirements are necessary for any clinical waste items that are considered to be infectious. Alternatively, on a routine basis when "source isolation" of a patient is necessary, then clinical waste arising from that patient need special requirements to ensure the infectious fraction is segregated from any other waste streams.

Other clinical wastes such as medicines may also be hazardous wastes due to their toxic and mutagenic properties. Cytotoxic/cytostatic medicinal wastes are hazardous waste which generally falls into the antineoplastic category of drugs. Other medicines may also display hazardous properties and should be assessed accordingly. However, most non-antineoplastic medicines are below the WW thresholds given in H5/H6/H7/H10 and H11, and can be disposed of as non-hazardous waste. *(See Appendix 2 below for definitions.)*

All medicinal waste, regardless of hazardous substances, should be incinerated to avoid the risks of contaminating surface and ground water as a result of taking them direct to landfill. This will include sharps waste that is contaminated with medicinal wastes. It is considered appropriate to segregate the hazardous from the non-hazardous waste due to costs of incineration of the hazardous fraction being in the region of three times higher than the cost of the disposal of non-hazardous medicines.

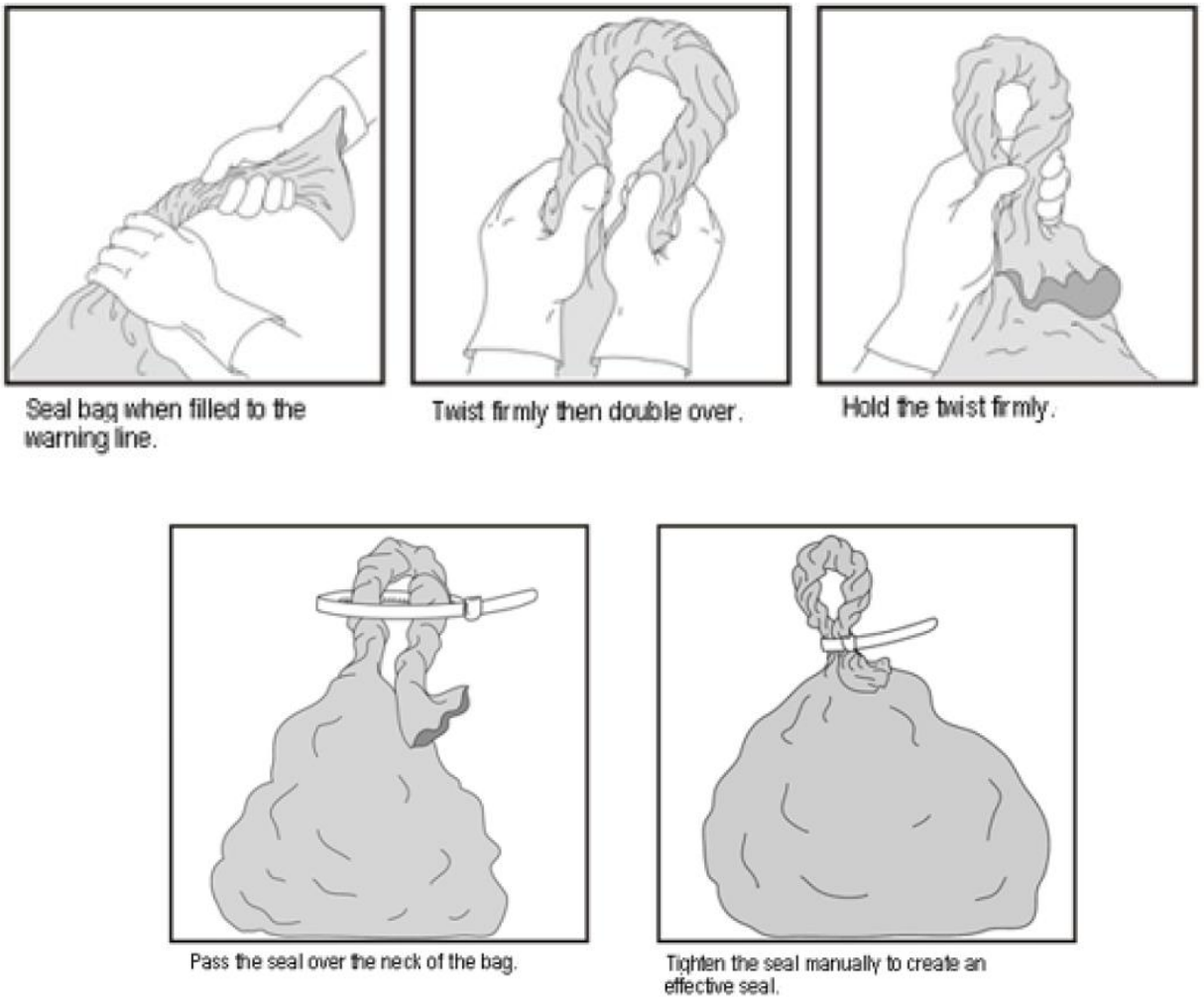
Further information is available in the British National Formulary at http://bnf.org.bnf/

Appendix 2 – Definitions of Waste: Properties of Wastes which render them Hazardous

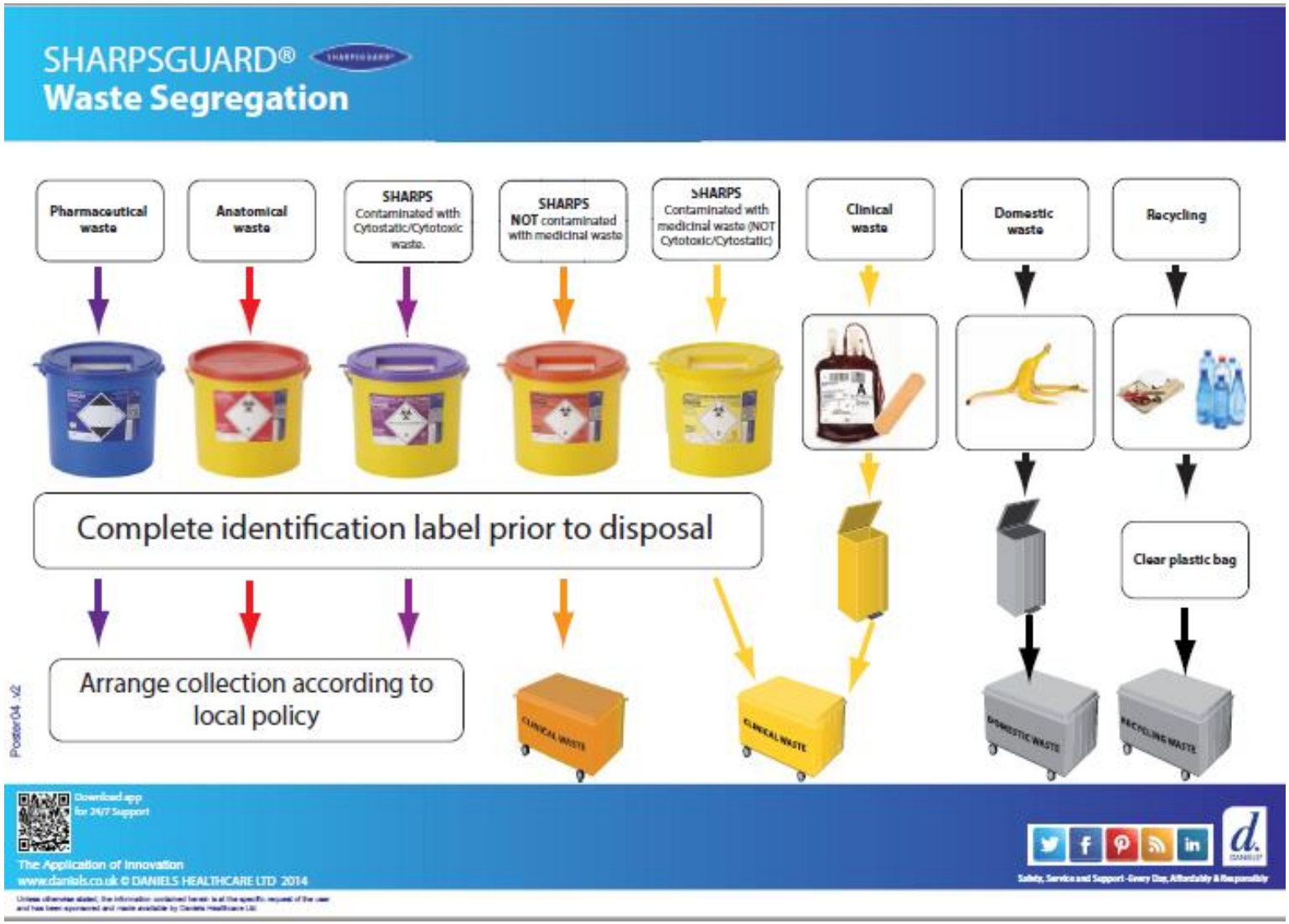
H1	**Explosive:** substances and preparations which may explode under the effect of flame or which are more sensitive to shocks or friction than dinitrobenzene.
H2	**Oxidising:** substances and preparations which exhibit highly exothermic reactions when in contact with other substances, particularly flammable substances.
H3A	**Highly Flammable:** ▪ liquid substances and preparations having a flash point below 21°C (including extremely flammable liquids: or ▪ substances and preparations which may become hot and finally catch fire in contact with air at ambient temperature without any application of energy; or ▪ solid substances and preparations which may readily catch fire after brief contact with a source of ignition, and which continue to burn or to be consumed after removal of the source of ignition; or ▪ gaseous substances and preparations which are flammable in air at normal pressure; or ▪ substances and preparations which, in contact with water or damp air, evolve highly flammable gases in dangerous quantities.
H3B	**Flammable:** liquid substances and preparations having a flash point equal to or greater than 21°C and less than or equal to 55°C.
H4	**Irritant:** non-corrosive substances and preparations which, through immediate, prolonged or repeated contact with the skin or mucous membrane, can cause inflammation.
H5	**Harmful:** substances and preparations which, if they are inhaled or ingested or if they penetrate the skin, may involve limited health risks.
H6	**Toxic:** substances and preparations (including very toxic substances and preparations) which, if they are inhaled or ingested or if they penetrate the skin, may involve serious, acute or chronic health risks, and even death.
H7	**Carcinogenic:** substances and preparations which, if they are inhaled or ingested or if they penetrate the skin, may induce cancer of increase the incidence.
H8	**Corrosive:** substances and preparations which may destroy living tissue on contact.
H9	**Infectious:** substances containing non-viable micro-organisms or their toxins which are known or reliably believed to cause disease in man or other living organisms.
H10	**Teratogenic (Toxic for reproduction):** substances and preparations which, if they are inhaled or ingested or if they penetrate the skin, may induce non-hereditary congenital malformations or increase their incidence.
H11	**Mutagenic:** substances and preparations which, if they are inhaled or ingested or if they penetrate the skin, may induce hereditary genetic defects or increase their incidence.
H12	Substances and preparations which release toxic or very toxic gases in contact with water, air or an acid.
H13	**Sensitising:** substances and preparations which, if they are inhaled or ingested or if they penetrate the skin, are capable of eliciting a reaction of hypersensitisation such that on further exposure to the substance or preparation, characteristic adverse effects are produced.
H14	**Ecotoxic:** substances and preparations which present or may present immediate or delayed risks for one or more sectors of the environment.
H15	Waste capable by any means, after disposal, of yielding another substance, e.g. a leachate[2], which possesses any of the characteristics listed above.

[2] the liquid that passes through landfill waste, absorbing poisons and other harmful substances that negatively impact underground waterways and fresh water systems

Appendix 3 – Swan Neck Method of bag tying



Appendix 4 – Waste Segregation



Appendix 5 – Management of Spillages in the Healthcare Setting

All spillages should be cleared-up promptly to minimise the risk of transmission of blood- borne viruses and other pathogens.

Materials for dealing with spillages must be readily available; a spillage kit will help to ensure that they are. *(See Section E.5 below.)*

If there is any delay in dealing with a spillage, e.g. staff with appropriate training not readily available, the spillage must be safely cordoned-off and/or the room locked. If in a public area, it must not be left unattended by staff.

E.1 Spillage of Blood and Blood-Stained Body Fluid on Impervious Flooring

- Wear protective clothing (gloves and apron)
- Cover spillage with NaDCC (chlorine-releasing) granules, e.g. Presept
- Leave for two minutes (prepare bucket with hot water and detergent solution)
- Scoop up the spillage with paper towels and discard as clinical waste into an orange bag
- Clear the area with hot water and detergent using disposable cloths; rinse and dry
- Clean the bucket in fresh water and detergent; rinse and dry
- Dispose of protective clothing and cloths as clinical waste
- Wash hands thoroughly
- Replenish the spillage kit

If a spillage contains glass or other sharps, these should be picked up first with, for example, forceps and should be disposed of carefully into a sharps bin.

E.2 Spillage of Low-Risk Body Fluids (e.g. Urine, Vomit) onto any Flooring

- Wear protective clothing (gloves and apron)
- Use paper towels to absorb as much of the spillage as possible
- Clean the area with hot water and detergent using disposable cloths; rinse and dry

Impervious Flooring

- Wipe over the area with chlorine solution at 1000ppm and paper towels
- Dispose of all materials as clinical waste (orange bag)
- Clean the bucket in fresh water and detergent; rinse and dry
- Dispose of protective clothing as clinical waste
- Wash hands thoroughly
- Replenish spillage kit

Carpeting

- As above.
- Arrange for the carpet to be steam-cleaned if possible

E.3 Management of Spillages in the Patient's Home

- Wear protective clothing (gloves and aprons)

Blood Spillage on Impervious Flooring

- If available use a good quality thick bleach (e.g. 1 part bleach, 10 parts cold water)
- Cover the spillage area with paper towels, newspaper or kitchen roll and gently pour the bleach solution on top.
- Leave for two minutes if possible, then wipe up with paper towels.
- Dispose of waste into a plastic carrier bag or bin liner; tie and double bag if possible
- Wash hands thoroughly

All other spillages

- Soak up as much of the spillage as possible using paper towels, newspaper or kitchen roll.
- Place waste into a plastic bag or bin liner
- Clean the area with hot water and detergent using disposable cloths; rinse and dry
- Clean the bucket in fresh water and detergent; rinse and dry
- Dispose of protective clothing and cloths into a plastic carried bag or bin liner, tie and double bag
- Discard into normal household waste
- Wash hands thoroughly

Spillages on Carpet

- Spillages of blood or body fluids on carpets or furnishings should be dealt with using hot water and detergent only
- Please note, chlorine-releasing agents will bleach the colour from fabrics

E.4 Spillage Kits

A spillage kit should be kept in each clinical area (at least one per clinic) so that all the equipment needed for dealing with a spillage is available in one place.

Staff who deal with a spillage are responsible for replenishing the kit after use. It is recommended that the kit is kept in a bucket which may then be used for cleaning the area after the spillage has been cleared up.

The bucket should be RED and should be designated for this purpose only, labelled accordingly, and should contain:

- Gloves and aprons
- Paper towels
- Orange clinical waste bag
- Chlorine-releasing granules, e.g. Presept
- Disposals cloths
- General purpose detergent

Due to the presence of a chemical disinfectant, spillage kits must be stored in accordance with COSHH regulations.

Appendix 6 – Disposal of Waste Bags

Waste Bag Disposal

NHS
Midlands Partnership
NHS Foundation Trust
A Keele University Teaching Trust

OFFENSIVE CLINICAL

INFECTIOUS CLINICAL

HOUSEHOLD DOMESTIC

PUT IN HERE	PUT IN HERE	PUT IN HERE
• Items soiled with body fluids (person not known to have an infection) • Nappies • Dirty dressings • Dirty tissues • Used gloves/aprons	• Soiled items where the person has an infection (eg, MRSA, Flu) or is isolated/barrier nursed • Used gloves/aprons when the person has an infection or is barrier nursed	• General litter, paper towels • Household waste • Newspapers • Plastic food packaging • Flowers • Fruit peels/skins • Old clothing (non-soiled)

Appendix 7 – Infectious Substances

World Health Organisation of Category A: Infectious Substances

UN 2814 Infectious substances affecting humans

Bacillus anthracis (cultures only)

Brucella abortus (cultures only)

Brucella melitensis (cultures only)

Brucella suis (cultures only)

Burkholderia mallei – Pseudomonas mallei – glanders (cultures only)

Burkholderia pseudomallei – Pseudomonas pseudomallei (cultures only)

Chlamydia psittaci – avian strains (cultures only)

Clostridium botulinum (cultures only)

Coccidioides immitis (cultures only)

Coxiella burnetii (cultures only)

Crimean-Congo haemorrhagic fever virus

Dengue virus (cultures only)

Eastern equine encephalitis virus (cultures only)

Escherichia coli, verotoxigenic (cultures only)1

Ebola virus

Flexal virus

Francisella tularensis (cultures only)

Guanarito virus

Hantaan virus

Hantaviruses causing haemorrhagic fever with renal syndrome

Hendra virus

Hepatitis B virus (cultures only)

Herpes B virus (cultures only)

Human immunodeficiency virus (cultures only)

Highly pathogenic avian influenza virus (cultures only)

Japanese Encephalitis virus (cultures only)

Junin virus

Kyasanur Forest disease virus

Lassa virus

Machupo virus

Marburg virus

Monkeypox virus

Mycobacterium tuberculosis (cultures only)1

Nipah virus

Omsk haemorrhagic fever virus

Poliovirus (cultures only)

Rabies virus (cultures only)

Rickettsia prowazekii (cultures only)

Rickettsia rickettsii (cultures only)

Rift Valley fever virus (cultures only)

Russian spring-summer encephalitis virus (cultures only)

Sabia virus

Shigella dysenteriae type 1 (cultures only)1

Tick-borne encephalitis virus (cultures only)

Variola virus

Venezuelan equine encephalitis virus (cultures only)

West Nile virus (cultures only)

Yellow fever virus (cultures only)

Yersinia pestis (cultures only)

NB: The above list is not exclusive or exhaustive and provides indicative examples of “Category A: Infectious Substances”.

Appendix 8 – Packaging of Infectious Substances

1. Basic Triple Packaging System

Requirements of the Carriage of Dangerous Goods and Use of Transportable Pressure Equipment (Amendments) Regulations 2005 (CDG) (As Amended)

1.1 Clinical waste produced in a healthcare environment is also classified as dangerous goods for transport on the roads under the above Regulations.

1.2 The requirement of these Regulations means that clinical waste must be packaged in accordance with them.

1.3 The system of packaging shall be used for all infectious substances. It consists of three layers as follows:-

- **Primary receptacle:** A primary watertight, leak-proof receptacle containing the specimen/waste item. The receptacle is packaged with sufficient absorbent material to absorb all fluid in case of breakage.
- **Secondary packaging:** A second durable, watertight, leak-proof packaging to enclose and protect the primary receptacle. Several cushioned primary receptacles may be placed in one secondary packaging, but sufficient additional absorbent material must be used to absorb all fluid in case of breakage.
- **Outer packaging:** Secondary packaging items are placed in outer shipping packaging with suitable packaging material. Outer packaging protects their contents from outside influences (e.g. physical damage) whilst in transit. The smallest overall external dimension shall be 10cm x 10cm. Each completed package should be marked, labelled and accompanied by the appropriate shipping documents.

1.4 Further guidance can be obtained from the World Health Organisation document

"Guidance on regulations for the Transport of Infectious Substances 2007– 2008"

1.5 Where there is a low probability of pathogens being present (i.e. you cannot specify them and there is no reason to believe that there is any greater prevalence of similar organisms within the community), and the materials are waste products derived from research or the medical treatment of humans or animals, then the materials can be classed as UN3291.

1.6 If you are aware that the waste has come from an infected human or animal, you should assign either UN2814 or UN2900 as appropriate. If infectious waste has been suitably treated (i.e. rendered microbiologically safe) it is possible that the waste will no longer be considered infectious and can be carried under UN3291.

1.7 Medical or clinical wastes containing infectious substances in Category A: Infectious Substances *(see Appendix 7)* other than cultures shall be assigned to UN2814.

1.8 Packaging requirements are at packing instruction P621 of the CDG (basic requirements are covered in 1.3 above).

1.9 Packaging requirements for clinical waste assigned UN3291 may be packaged in the following manner:-

- The primary receptacle for dressings, swabs, disposable clothing etc. is a UN-approved bag, securely tied and placed into a UN3291 approved rigid container for transport on the road.

Appendix 9 – Sharps/Medicines Waste Disposal Procedures

SHARPS / MEDICINES WASTE DISPOSAL PROCEDURES

Remember:

Complete Identification label during assembly and prior to disposal

Yellow Lid/Label Container Only	Blue Lid/Label Container Only	Purple Lid/Label Container Only
All infectious Sharps Waste **except** those contaminated with cytotoxic or cytostatic medicines	All Medicine Waste **except** those that are cytotoxic or cytostatic medicines	Sharps / medicine Waste from cytotoxic or cytostatic medicines, e.g. BCG Vaccines

With absorbent material

With absorbent material

Remember:

Only fill to line (2/3 full)

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Appendix 10 – Location of Battery Recycling Boxes: Shropshire Community Health NHS Trust

Building	Address	Telephone No	Site Contact	No of Boxes
William Farr House	Mytton Oak Road, Shrewsbury, Shropshire, SY3 8XL	01743 277500	Post Room	1
Somerby Suite	William Farr House Site, Mytton Oak Road, Shrewsbury, Shropshire, SY3 8XL	01743 277500	IT Team	1
The Cottage	William Farr House Site, Mytton Oak Road, Shrewsbury, Shropshire, SY3 8XL	01743 277696	Diabetes Team	1
Coral House	11 Longbow Close, Harlescott Lane, Shrewsbury, Shropshire, SY1 3GZ	01743 450800	Reception or Nicola Greaves	1
Multi-Agency Child & Family Support Services	Monkmoor Campus, Woodcote Way, Monkmoor, Shrewsbury, SY2 5SH	01743 282374	Reception	1
Stepping Stones Centre	Brunel Road, Malinslee, Telford, Shropshire, TF3 2BF	01952 567300	Reception	1
Ludlow Hospital	Gravel Hill, Ludlow, Shropshire, SY8 1QX	01584 872201	Kerri Swinbourne or Alison Morris	5
Bridgnorth Hospital	Northgate, Bridgnorth, Shropshire, WV16 4EU	01746 711028	Reception	3
Whitchurch Hospital	Claypit Street, Whitchurch, Shropshire, SY13 1NT	01948 666292	Reception	2
Oswestry Primary Care Centre	Thomas Savin Road, Oswestry, Shropshire, SY11 1GA	01691 663600	Reception or Emma Walker	2
Shropshire Rehabilitation Centre	Lancaster Road, Shrewsbury, Shropshire, SY1 3NJ	01743 444051	Reception and Stores	2
Community Equipment Services	Units D3, D4, D6 & D7, Hortonwood 7, Hortonwood, Telford, Shropshire,TF1 7GP	01952 603838	Reception	1
Oakengates Health Centre	Liggett House, Limes Walk, Oakengates, Telford, Shropshire, TF2 6JJ	01952 621300	Community Nursing Team	1
Newport Health Centre	Newport Cottage Care, Upper Bar, Newport, Shropshire, TF10 7EH	01952 820272	Physio Dept	1
Stirchley Health Centre (at GP Practice)	Sandino Road, Stirchley, Telford, Shropshire, TF3 1FB	01952 591632	South Telford Community Nursing Team (Julie Chuck, Admin Assistant)	1
Falls Prevention Service	Louise House, Roman Road, Shrewsbury, Shropshire, SY3 9JN	01743 251573	Falls Prevention Team or Respiratory Team	1