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## POLICY FOR THE SAFE HANDLING AND DISPOSAL OF HEALTHCARE WASTE

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***Please be aware that this printed version of the Policy may NOT be the latest version. Staff are reminded that they should always refer to the Intranet for the latest version.***

<b>Purpose of Agreement</b>	<b>This policy details the arrangements for Solent NHS Trust in a PAN Hampshire approach in regards to the commitment to manage the safe handling and disposal of healthcare waste generated across Hampshire by the NHS</b>
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2		Various	Up date in legislation	04/2016

**Review Log**

Include details of when the document was last reviewed:

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1				Review of policy
2	01/04/2013	DK		Review of policy
3	01/04/ 2016	DK		Review of policy

**Executive Summary**

This revised policy gives comprehensive guidance to ensure the management of healthcare waste is an essential part of ensuring that healthcare activities do not pose a risk or potential risk of infection and are securely managed

Solent NHS Trust recognises their legal obligations under the Environmental Protection Act 1991 Section 34, Waste Management the Duty of Care, Hazardous Waste Regulations 2005.

By the means of this policy and arrangements, Solent NHS Trust aims to ensure that all non-hazardous and hazardous healthcare waste is segregated, classified, appropriately color coded, handled, stored and disposed of through a registered waste carrier in accordance with environmental legislation and will by this policy and arrangements identify opportunities to improve waste minimisation and reduce the associated environmental and carbon impacts of managing waste.

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## 1. INTRODUCTION & PURPOSE

1.1. This policy is a joint policy and mirrors the membership of the Hampshire waste consortium contract. and for the purpose of this policy only the relevant organisations that are involved will be called “The Trust”

1.2 The management of healthcare waste is an essential part of ensuring that healthcare activities do not pose a risk or potential risk of infection and are securely managed. The Trust recognises their legal obligations under the Environmental Protection Act 1991 Section 34, Waste Management the Duty of Care, Hazardous Waste Regulations 2005, and will by the means of this policy and arrangements identify opportunities to improve waste minimisation and reduce the associated environmental and carbon impacts of managing waste.

1.3 The Department of Health’s Safe Management of Healthcare Waste Version 2.0 England provides an update to the Health Technical Memorandum 07-O1. The key changes include:

- Updates to legislation, specifically for environmental permitting and transport
- A focus on the waste hierarchy
- A drive to address the carbon impact related to waste
- The integration of new sector guides on GPs and dental practices
- A focus on practical advice and examples for classifying waste, in particular the infectious and offensive waste streams, including case studies to highlight best practices
- A view of the terminology used for healthcare , clinical and non clinical waste

1.4 Healthcare Waste has a unique European Waste Catalogue (EWC) number that identifies the waste streams to be found within healthcare settings.

## 2. SCOPE

2.1. This policy is based upon the main following relevant statutory provisions and guidance:

- Environmental Protection Act 1991 latest amendments
- Hazardous Waste Regulations 2005
- Controlled Waste Regulations 2012
- Landfill (England & Wales) Regulations 2007
- Radioactive Substances Act 1993, latest amendments
- Medicines Act 1968 latest amendments
- List of Waste (England) regulations 2005
- Carriage of Dangerous Goods and Use of Transportable Pressure Equipment Regulations 2011
- Waste Electrical and Electronic Equipment Regulations 2009
- Health and Safety at Work Act 1974 latest amendments
- Control of Substances Hazardous to Health Regulations 2013
- The Misuse of Drugs Act 1971 latest amendments
- Controlled Drugs Regulations 2012

2.2 This document applies to all directly and indirectly employed staff within the Trust and other persons working within the organisation in line with the Trust’s Equal Opportunities Document.

### 3 DEFINITIONS “GOVERNMENT AGENCIES and DOCUMENTATION”

**3.1 Environment Agency: (EA)** This is the regulatory body responsible for environmental regulation (including waste) in England and Wales

**3.2 Safe Management of Healthcare Waste Version 2** Provides a framework for good practice to all producers of healthcare waste on the development, management and arrangements for the safe and economic disposal of healthcare waste. This document was produced in conjunction with the NHS, Health & Safety Executive and Environment Agency and is to be regarded as a code of practice

**3.3 European Waste Catalogue (EWC)** Waste in Europe is categorised using the European Waste Catalogue (EWC). This has been transposed into English law through the List of Wastes (England and Wales) Regulations 2005. The aim of the EWC is to provide a precise and uniform European-wide definition of hazardous waste and to ensure the correct management and regulation of such waste. Under the **List of Wastes (England) Regulations 2005** each type of waste is provided with a specific six digit waste code which should be used on Hazardous Waste Consignment Notes. Codes should be used to describe each fraction of waste present in a single load, The EWC also specifies which wastes are potentially hazardous by denoting the European Waste Code with an asterix (\*). Such wastes are further characterised by ‘Actual’ hazardous wastes and ‘Mirror’ entries which only become hazardous when certain criteria are met.

**3.4 Environmental Protection (Duty of Care) Regulations 1991** This sets out the requirement on the person/company transferring the waste for disposal to ensure it is correctly described, transported by a registered carrier and is disposed /treated by a facility that is licensed to deal with that type of waste.

**3.5 A Guide to the Hazardous Waste Regulations, Site Premises Registration (Notification) Guide** This document provides guidance on the requirements to notify the Environment Agency prior to a movement of hazardous waste from that site premises that generates more than 500 Kgs. of hazardous waste per year. Sites that do not generate 500 Kgs. per year are exempt other than industrial sites

**3.6 Waste Transfer Note** Document required each time **non – hazardous/inert waste** is transferred between legal entities describes the waste who holds it, and who is taking it away (the carrier) to a disposal site. These have to be kept for 3 years from the date of transfer.

**3.7 Consignment Note** Document required each time **hazardous waste** is transferred between legal entities describes the waste and who holds it, and is taking it away to a disposal site with details of the disposal site. These have to be kept for 3 years from the date of consignment.

**3.8 Healthcare Waste Referral Form** This document is for GP practices to arrange collections with the local authority to collect self medicating patients waste directly from the patient’s homes.

### 4.0 WASTE DEFINITIONS and CLASSIFICATION

The European Waste Catalogue (EWC) contains codes that apply to waste produced from healthcare and wastes similar to municipal sources. The codes applied to waste streams are defined by the individual item placed in a receptacle; they are never determined by the type of receptacle used. Some samples are described below

#### 4.1 Non-Hazardous Waste

##### 4.1.1 20 01 03 Domestic (Housekeeping)

The waste generated by normal day-to-day housekeeping activities is to be collected into black bags or boxes for non clinical glass. Nappies and Sanitary waste with no infectious risks up to seven Kilogram's per collection can be disposed of in black domestic bags which must be placed into non hazardous waste containers for disposal this will vary from dustbin, to 1100 litre euro bin, compactors or skips

The containers will be picked up by a registered waste carrier to be taken to license waste disposal facility.

A Waste Transfer Note issued by the carrier to the Trust for all premises for a period of up to 12 months for the transfer of this waste.

Copies of transfer notes MUST be kept for a minimum period of 2 years and are liable for inspection by the internal auditor and/ or external Environment Agency.

#### **4.1.2 15 01 06 Materials for Recycling**

Materials identified for recycling examples are paper, cardboard, tin cans, plastic bottles, etc. Should be disposed of in clear plastic bags and placed into mixed recycling waste containers for disposal, this will vary from 1100 litre euro bin or skips

Refer to Appendix 1: Current waste carriers mixed recycling poster. (Contract due for renewal April 2014)

Please note that glass (**15 01 07**) and food (**20 01 08**) recycling may be available at some premises check with Premise Manager

The containers will be picked up by a registered waste carrier to be taken to license waste disposal facility.

A Waste Transfer Note issued by the carrier to the Trust for all premises for a period of up to 12 months for the transfer of this waste.

Copies of transfer notes MUST be kept for a minimum period of 2 years and are liable for inspection by the internal auditor and/ or external Environment Agency.

#### **4.1.3 18 01 04 Non Hazardous Offensive waste (No known source of infection)**

The definition of offensive waste is provided by the Controlled Waste Regulations 2012 issued under the Environmental Protection Act 1991.

Offensive waste is defined as:

- is not clinical waste (see 4.2.1 below)
- contains body fluids, secretions or excretions

Offensive waste examples include:

- Human hygiene, "sanitary waste" and "nappies" from otherwise healthy people only if the quantity is over seven Kilogram's per collection (refer to Domestic (Housekeeping) section 4.1.1)
- Non infectious incontinence items
- Dressings/ bandages not contaminated with blood from a person with no diagnosed or suspected infection
- Single use instruments (no risk of sharps) e.g. tongue depressors
- Disposable personal protective equipment which do not pose a risk of infection, including non infectious gowns/ aprons, masks and gloves etc.

Within the Trust suitable locations will introduce the offensive waste stream in order to meet the requirements of Safe Management of Healthcare Waste Version 2. A segregated offensive waste stream will be introduced throughout using yellow and black striped bags (tiger bags).

Where it is recognised that offensive waste is being produced at any location the waste carrier must be informed on a site specific basis to ensure this is tagged/labelled and disposed correctly.

Copies of the Consignment notes MUST be kept for a minimum period of 3 years and are liable for inspection by the internal auditor and/ or external Environment Agency

#### **4.2 Hazardous Waste**

Waste classified as hazardous waste by the hazardous waste regulations 2005 and the list of waste (England ) regulations 2005. The waste is defined as waste that is a danger to human health and to the environment.

##### **4.2.1 Waste from Human Health Care (Commonly called Clinical)**

The definition of clinical waste is provided by the Controlled Waste Regulations 2012 issued under the Environmental Protection Act 1991. Clinical waste is defined as:

- contains micro-organisms or their toxins which are known to cause disease to humans or other living organisms
- contains or is contaminated with a medicine that contains a biologically active pharmaceutical agent
- is a sharp, or a body fluid or other biological material (including human or animal tissue) that contains or is contaminated with a dangerous substance, as defined by EU legislation (e.g. toxic substances which pose acute or chronic health risks).<sup>2</sup>

<sup>2</sup> The categories of dangerous substances defined by 67/548/EEC are: explosive, oxidising, easily flammable, flammable, toxic, harmful, corrosive and irritant.

Clinical waste examples:

Infectious healthcare waste, sharps waste, anatomical waste, cytotoxic waste.

Refer to Appendix 2: Examples and break down between the definition of clinical waste and hazardous waste definitions

##### **4.2.1.1 18 01 03\* Infectious Waste**

Wastes whose collection and disposal is subject to special requirements in order to prevent infection. The NHS has divided this into two subcategories: -

**4.2.1.1.1 Yellow Infectious waste** stream is used for waste that is infectious, but which has an additional characteristic and must be incinerated in a suitably licensed or permitted facility. The known examples are

- Anatomical waste “this must be placed in Yellow UN approved rigid containers with Red lids.
- Chemically contaminated samples and diagnostic kits
- Medicinally- contaminated infectious waste and



- Category A Pathogens

“An infectious substance which is carried in a form that, when exposure to it occurs, is capable of causing permanent disability, life threatening or fatal disease to human or animals”

**Category A** Minimum treatment/disposal required is **incineration** in a suitably licensed or permitted facility.

This will be placed into **Yellow bags** and when filled sealed and an identity tag attached.

Refer to Appendix 3 for further breakdown of Category A Pathogens

4.2.1.1.2 **Orange Infectious waste stream** is used for waste that is an infectious substance which does not meet the criteria for inclusion in Category A and has no additional characteristics as mentioned above  
“4.2.1.1.1 Yellow Infectious waste “

This must be placed in an Orange bag and when filled sealed and an identity tag attached.

Copies of the Consignment notes **MUST** be kept for a period of 3 years and are liable for inspection by the internal auditor and/ or external Environment Agency

#### 4.2.1.2 **18 01 01/03/08/09 \* Sharps**

Sharps are items that could cause cuts or puncture wounds. They include needles, hypodermic needles, scalpels and other blades, knives, infusion sets, saws, broken glass and nails.

**18 01 01** Sharps that are NOT infectious must be disposed of in Yellow UN approved rigid containers with Orange lid

**18 01 03** Sharps that are NOT contaminated with medicines must be disposed of in Yellow UN approved rigid containers with Orange lid.

**18 01 03** and **18 01 09** Sharps that are contaminated with medicines must be disposed of in Yellow UN approved rigid containers with Yellow lid.

**18 01 03** and **18 01 08** Sharps that are contaminated with Cytotoxic or Cytostatic products must be disposed of in Yellow UN approved rigid containers with Purple lid.

Please Note “Live vaccines must be classified as Cytotoxic/ Cytostatic due to their hazardous properties and disposed of in Yellow UN approved rigid containers with Purple lid.”

#### 4.2.1.3 **18 01 09 Medicines**

This description covers ALL medicines covered by the Medicines Act 1968 latest amendments other than those in 18 01 08 and includes the primary packaging (empty blister packs and bottles etc) around the medicine. Medicines should not be removed from the final inner layer of packaging, for example blister strips. This significantly reduces the potential for reaction

This waste will be treated as Non Hazardous waste 18 01 09 but will require separate disposal and destruction by incineration and must be kept separate from other clinical waste and stored in a waste medicines containers **Yellow containers with Blue lid or stripe** prior to disposal by incineration

NOTE "Medical products not pharmaceutical active and possess no hazardous properties (examples saline and glucose) are not considered medicinal/pharmaceutical waste." Residues must be discharged to foul sewer before empty bag is disposed of in offensive waste stream. (See above 4.1.3). Ensuring the sharps of the giving set remains attached to the bag

Copies of the Consignment notes MUST be kept for a minimum period of 3 years and are liable for inspection by the internal auditor and/ or external Environment Agency

#### 4.2.1.3.1 **18 01 09 Medicines "Controlled Drugs"**

Controlled drug is any drug identified within the Misuse of drugs regulations 2012 and Misuse of drugs (safe custody) regulations 2007

Controlled drugs (CD) must be denatured using a home office approved kit under Trust, Controlled Drugs Policy. Once the CD is denatured the complete kit can be placed into the waste medicines container.

Copies of the Consignment notes MUST be kept for a minimum period of 3 years and are liable for inspection by the internal auditor and/ or external Environment Agency

#### 4.2.1.3.2 **18 01 08\* Cytotoxic and Cytostatic Medicines**

This definition is no longer linked to the British Nation Formula Chapter 8 and will classify ANY medicine that is:

Carcinogenic, or Mutagenic, Toxic for reproduction or Toxic

Medicines in this group must be kept separate from Medicines 18 01 09 for disposal.

For advice on the medicines involved, contact the Trust Chief Pharmacist.

These must be disposed of in Yellow UN approved rigid containers with Purple lid.

#### 4.2.1.4 **Anatomical waste**

Recognisable body parts, placentas, blood transfusion bags and blood preservatives.

##### **18 01 02 non infectious anatomical waste**

Anatomical waste from no known infectious source or where items have been screened such as blood transfusion bags.

##### **18 01 03 infectious anatomical waste**

Anatomical waste from known or suspected infectious source

All items must be segregated into their own Yellow UN approved rigid containers with Red lid.

Please note: If chemicals are present in either non infectious or infectious anatomical waste then a further EWC needs to be added of **18 01 06** to the waste consignment note.

4.2.1.5 **Radioactive Healthcare Waste** is waste contaminated with low- level radioisotopes. This waste requires disposal in suitable facilities “normally by Incineration”, appropriate packaging is required for radioactive waste in line with the transport regulations

#### **4.2.2 Hazardous Waste – non clinical**

##### **4.2.2.1 18 01 10\* amalgam and mercury waste**

Dental Amalgam and mercury non infectious including spent and out of date capsules, excess mixed amalgam, teeth with amalgam fillings and contents of amalgam separators.

All items must be segregated into their own UN approved rigid containers supplied by waste contractor.

Amalgam must not be released into the foul drains and separators must be fitted to all dental facilities to capture any amalgam contained in waste water.

##### **4.2.2.2 18 01 06 /07 Chemicals**

##### **18 01 06\* Chemical consisting of dangerous substances**

The full definition of the concentration of hazardous substance is given in the List of Waste (England) Regulations and is referred to as properties containing health risks H1 to H8 and H10 to H15. Further information can be found in the Manufacturers Safety Data Sheet (MSDS) of the substance.

Examples might include anatomical or pathological specimens or samples preserved in chemicals (for example formaldehyde, alcohol), sample vials or diagnostic kits containing chemicals, sharps or other clinical waste items contaminated with therapeutic or laboratory chemicals and materials used to clean up biological spills that are contaminated with chemical disinfectants.

##### **18 01 07 Chemical other than those mentioned in 18 01 06. (Above)**

If the item does not possess a chemical hazardous property (i.e. H1 to H8, H10 to H15), the waste is not a clinical waste (i.e. H9) nor a hazardous waste (i.e. as described in 4.2) it should be classified as 18 01 07 These must be stored in containers provided by waste contractor prior to disposal.

Please Note: Any X-ray facilities that use fixers and water based developers are classified as **09 01 04** and **09 01 01** respectively; solvent based developers are classified as **09 01 03**

Photographic film and paper containing silver or silver compounds is classified as **09 01 07**, Photographic film and paper free of silver or silver compounds is classified as **09 01 08**

All chemicals must be stored separately in **containers provided by contractor** prior to disposal

If there is any doubt advice must be sought from Trusts Health and Safety and or compliance teams

Copies of the Consignment notes **MUST** be kept for a period of 3 years and are liable for inspection by the internal auditor and/ or external Environment Agency

#### **4.3 Other waste types**

##### **4.3.1 Large Equipment**

Rubbish that is too large / bulky to dispose of in a black domestic waste bag. Such as tables, chairs, beds, walking aids etc.

Where practicable equipment must be decontaminated prior to disposal and attach the decontamination certificate (Refer to Appendix 11) Once decontaminated and there are no hazardous or infectious properties remaining the item may be disposed of as directed by premise manager who should seek guidance from Compliance team

If the equipment cannot be decontaminated this must be disposed of with the clinical waste contractor contact must be made with premise manager who should seek guidance from Compliance team

#### 4.3.2 Mattress

If a mattress is contaminated, services should order a mattress disposal bag from either Domestic Services or NHS Supply chain order number MVN 003. Mattress should then either be placed inside a 770 clinical waste bin and tagged as **HT 18 01 03** or should be positioned next to 360 clinical waste bins for waste contractor to collect.

Note: under no circumstances must a sprung mattress be disposed of via the clinical waste route please contact contracts and compliance for disposal instructions if this event occurs.

If the item contains electrical or electronic components it will need to be disposed of in accordance with the WEEE regulations and, if hazardous, the hazardous waste regulations (See WEEE section below 4.3.4)

#### 4.3.3 Batteries

Lead, Ni-Cd and Mercury-containing batteries must not be disposed of in the normal domestic waste and should be segregated into battery bins. Please contact the compliance department who can advise on the supplier of battery bins suitable for your needs.

#### 4.3.4 Electrical and Electronic Equipment

Household and commercial items containing electrical and electronic parts / components.

All items listed below should not be placed in normal waste containers, as they are not permitted to be land filled. Those items **bolded and under scored** in list below will also be **hazardous** under the Hazardous Waste Regulations 2005 and these will require separate disposal.

If you have any of the following items to dispose of please contact premise manager. With the exception of IT equipment which must be disposed of via the Trust ICT Department. Please contact the ICT Helpdesk, either via e-mail or telephone.

List of common items

1. Large /small household appliances (i.e. washing machines, cookers, toasters, irons, hairdryers)
2. IT and telecommunications equipment (i.e. PCs, copiers, phones, mobiles)
3. Consumer equipment (i.e. TVs, videos, hi-fis)

4. Lighting equipment (i.e. fluorescent lamps, excluding filament light bulbs)
5. Electronic and electrical tools (i.e. lawnmowers, sewing machines, drills)
6. Toys, leisure and sports equipment (i.e. video games, bike computers, slot machines)
7. Monitoring and control instruments (i.e. smoke detectors, thermostats)
8. Automatic dispensers (i.e. drinks dispensers, chocolate dispensers, ATMs)

#### 4.2.14 17 09 04 Inert waste

This type of waste is made up from materials examples of which are building waste brick, stone, soil. (Mixed construction waste).

Care must be taken not to contaminate this type of waste with material such as wood, plasterboard and vegetation.

In the event of works being carried out at a location generating non-hazardous waste not directly related to day to day housekeeping a separate waste container/skip will be required, and a Waste Transfer Note issued by the carrier to the premise location to cover the transfer of this waste must be raised

Refer to Appendix 4 for further breakdown of EWC codes that apply to Waste produced from healthcare and similar municipal sources

### 5.0 LEGAL REQUIREMENTS OF THE SAFE MANAGEMENT OF HEALTHCARE WASTE

At all times the guidance given in the “Department of Health’s Safe Management of Healthcare Waste Version 2” must be used as the primary reference document when producing Standard Operating Procedures/Protocols for the management of healthcare waste.

The following identifies the legal requirements for the Trust to take into account following a review of the Safe Management of Healthcare Waste Version 2 document and associated Health, Safety and Environmental legislations.

#### 5.1 Notification of Premises

Under the Hazardous Waste Regulation 2005 a healthcare premises that generates 500 Kgs or more of hazardous waste over a 12-month period is required to register with the Environment Agency and have to renew that registration annually.

This registration is obtained through the contracts and compliance team annually in July.

*NOTE. A premise will not be able to have hazardous waste removed from it unless it has a registration reference.*

Additional premises requiring registration either side of the July renewal will need to contact Contracts and Compliance who will advise. Premise managers must immediately inform contract and compliance team when a property is either acquired and or disposed of, to ensure correct registration with the environment agency.

When the premises are registered each premise will be issued a hazardous waste producer registration number (called a “premises code”) by the EA, which consists of an alphanumeric code (XYZ123), which will be unique to it. This has to be provided to the waste contractor prior to waste being removed and must be used on all consignment notes. The code will be followed with a five-digit consignment code 00000 and will be applicable to each consignment of hazardous waste.

## 5.2 Documentation

A key element of the duty of care is keeping track of waste. The holder of the waste is responsible for

- Taking adequate steps to ensure that the waste is managed safely and kept secure: and
- Transferring it only to an authorised or exempt person

You must keep on the premise a folder for waste documentation, this must include:

- Environment agency registration (see notification of premises section 5.1 above)
- Waste transfer notes (see section 5.2.1 below)
- Hazardous Waste Consignment notes (see section 5.2.2 below)
- Quarterly Producer returns (see section 5.2.3 below)
- T28 exemption if applicable (see section 5.2.4 below)

Please Note: that if premises wish to keep the waste documentation folder anywhere other than the site that produced the waste, this must be agreed in writing with the environment agency.

### 5.2.1 Waste Transfer Notes “used for the transfer of Non Hazardous waste “

When waste is transferred from one party to another, the person handing the waste on (the “transferor”) must complete a transfer note. The transferor and the recipient (the “transferee”) sign the note; both of parties retain a copy. An annual transfer note may be used to cover all movements or regular transfer of the same **Non- Hazardous Waste** between the same parties.

Copies of the Annual Transfer Note for the domestic and recycling waste produced on all sites is kept centrally with the contracts and compliance team. This will be kept for a minimum period of 2 years.

Any other transfer notes must be kept on site for a minimum period of 2 years and are liable for inspection by the internal auditor and/ or external Environment Agency

### 5.2.2 Consignment Notes “used for the transfer of Hazardous waste “

Consignment notes are a required when transporting **Hazardous Waste**. The completion and accuracy of the waste classification, description and composition of the waste on the consignment note is the sole legal responsibility of the waste producer and is used to track the movement and ensure that safe disposal of hazardous waste.

Copies of the Consignment Note must be kept for a minimum period of 3 years from the date the waste left the premise, and are liable for inspection by the internal auditor and/ or external Environment Agency

### 5.2.3 Quarterly producer returns

Each consignee (the designation site where the carrier takes the waste) is required to send a return each quarter. This return is a record of what has happened to the waste. This is sent to contracts and compliance team where it will be reviewed and forwarded electronically to each premise manager. Copies must be

placed in the relevant premise waste documentation folder. These returns must be present to ensure the register is legally complete.

Copies of the quarterly producer returns must be kept for a minimum period of 3 years, and are liable for inspection by the internal auditor and/ or external Environment Agency

#### **5.2.4 T28 Exemptions**

This is a free exemption obtained from the environment agency and is required for sites that denature controlled drugs. This is required for the building not for individual services / departments however if you do denature controlled drugs please make this known to the premise manager who will contact the contracts and compliance team to ensure the T28 exemption has been applied for.

#### **5.3 Identification.**

To enable traceability of healthcare waste, sharps, medicines, clinical and offensive waste is required to be packaged in the correctly colour coded receptacles, sealed and tagged or labelled to identify the building and department that produced the waste at the point of origin.

Premises serviced under an external FM contract. The FM contractors will provide the Trust premises with identity tags at the locations that they support under the Facilities Management cleaners / portering contract. Facilities Management contractor will maintain a master record of the numbers they have received and issued to each ward / department.

### **6 HEALTHCARE WASTE CLASSIFICATION “SEGREGATION, COLOUR CODING and STORAGE”**

6.1 Each container must be labelled in accordance with the details of the legal requirements for transporting and packaging the waste.

The container label should clearly identify the waste type present within. The purpose of this is to ensure that waste such as anatomical wastes and medicines are not moved in anonymous yellow bins that may lead to subsequent mismanagement.

In addition the container **MUST** be tagged or labelled in a manner that identifies the individual producer. (Refer to Section 5.4 “Identification” above)

Domestic (Housekeeping) Non Hazardous (20 03 01)

Stored in black domestic bags which must be placed into non hazardous waste containers for disposal this will vary from dustbin, to 880 litre euro bins, compactors or skip. Must be land filled or municipal incineration / energy recovery facilities at a licensed or permitted facility.

Recycling – Non hazardous (15 01 06)

Stored in clear bags which must be placed into recycling waste containers for disposal in 880 litre euro bins. Must be recycle via a licensed or permitted facility

Offensive waste – Non hazardous (18 01 04)

Stored in Yellow and Black stripe bags (Tiger stripe), tagged on closure and must be placed into 360 / 770 waste receptacles for disposal in bulk storage areas. Must be land filled or municipal incineration / energy recovery facilities at a licensed or permitted facility

Infectious clinical waste – Hazardous (18 01 03)

Stored in Orange bags, tagged on closure and must be placed into 360 / 770 waste receptacles for disposal in bulk storage areas. Must be treated at an Alternative treatment plant which must be a suitably licensed or permitted facility

#### Sharps – Hazardous (18 01 03 / 18 01 09)

Stored in Orange or Yellow (if medicinally contaminated) lidded sharps bins, labels must be completed and bin must be tagged on opening using identity tag (as per section 5.3) and must be placed into designated locked storage area within building or 770 waste receptacles for disposal in bulk storage areas. Must be low temperature incinerated in a suitably licensed or permitted facility

#### Medicines – Non Hazardous (18 01 09)

Stored in Blue lidded pharmacy bins, labels must be completed and bin must be tagged on opening using identity tag (as per section 5.3) and must be placed into designated locked storage area within building or 770 waste receptacles for disposal in bulk storage areas. Must be low temperature incinerated in a suitably licensed or permitted facility

Note: Under no circumstances must medicines (in date or out of date) be accepted by any trust premise from any patient. Patients must be directed to local chemist that holds an appropriate license

Note: It is acceptable for security reasons that certain medicines identified by the clinicians as high risk are held in a separate container (small cardboard box type container) and locked in a secure cabinet. These are placed into the waste container just prior to the self-sealing lid being locked into place and collected for disposal.

#### Cytotoxic / Cytostatic – hazardous (18 01 03 / 18 01 08)

Stored in Purple lidded sharps bins, labels must be completed and bin must be tagged on opening using identity tag (as per section 5.3) and must be placed into designated locked storage area within building or 770 waste receptacles for disposal in bulk storage areas. Must be high temperature incinerated in a suitably licensed or permitted facility

The containers must be clearly marked with a list of the medicines that have been placed in the container and or used with the contaminated sharps.

*Note: Separate instructions have been produced by Rheumatology, Oncology and Dermatology departments that is issued to patients on the requirements for the return to the dispensing department of the waste generated from the administration and handling of these substances by the Patient, Community Nurse either at home or Practice Nurse at a treatment room.*

*It is the responsibility of the patients or patient's representative to return the wastes generated to the dispensing department in accordance with the instructions issued by the Hospitals Trust Departments and or Patients dispensing Pharmacy .*

#### Anatomical (18 01 02 / 18 01 03)

Stored in Yellow bags and frozen, transferred to red lidded placenta bin for disposal, labels must be completed and bin must be tagged on opening using identity tag (as per section 5.3) and must be placed into designated locked storage area within building or in freezer located in bulk storage areas. Must be high temperature incinerated in a suitably licensed or permitted facility

#### Amalgam (18 01 10)

Stored in white containers with Blue lids supplied by the waste contractor, must be stored in a locked designated area within the building until collection by waste contractor. Must be treated in a metal recovery centre which must be a suitably licensed or permitted facility



## Mercury

If a mercury spillage occurs the spill kit must be used as per manufactures instructions. (Refer to emergency responses section 8.2.1) The premise manager must be informed and is to contact contracts and compliance to arrange a collection for disposal. Must be treated in a metal recovery centre which must be a suitably licensed or permitted facility

## Chemical (Hazardous) (18 01 06)

Refer to manufacturer's safety data sheet / COSHH assessment to identify Hazardous / Non hazardous properties. Container supplied by waste contractor, note: a separate container must be used for each different chemical disposed (do not mix).The premise manager must be informed and is to arrange a collection for disposal. Chemical waste can be treated by neutralisation and by using other chemical solutions to break down the Hazardous properties in the waste stream which must be by a suitably licensed or permitted facility

## Chemicals (Non Hazardous) (18 01 07)

Refer to manufacturer's safety data sheet / COSHH assessment to identify Hazardous / Non hazardous properties. Container supplied by waste contractor, note: a separate container must be used for each different chemical disposed (do not mix).The premise manager must be informed and is to arrange a collection for disposal. Chemical waste can be treated by neutralisation and by using other chemical solutions to break down the Hazardous properties in the waste stream which must be by a suitably licensed or permitted facility

## Equipment / Mattresses

The premise manager must be informed and is to arrange a collection for disposal. Premise managers to contact contracts and compliance for advice.

Depending on the equipment / mattress materials and the infectious properties various disposal methods are available such as landfill or municipal incineration / energy recovery facilities, recycling, alternative treatment, or incineration all processes must be at a licensed or permitted facility.

## Implant / Medical devices

The premise manager must be informed and is to arrange a collection for disposal. Premise managers to contact contracts and compliance for advice.

Depending on the equipment materials and the infectious properties various disposal methods are available such as landfill or municipal incineration / energy recovery facilities, recycling, alternative treatment, or incineration all processes must be at a licensed or permitted facility.

## Inert Waste

The building contractor producing the waste is responsible for its classification, segregation, storage and disposal. Copies of Waste transfer notes must be made available to Projects team / Estates maintenance team.

Depending on the materials and the hazardous properties various disposal methods are available such as landfill, recycling / reuse, all processes must be at a licensed or permitted facility.

## Waste Electrical and Electronic Equipment (WEEE)

The premise manager must be informed and is to arrange a collection for disposal. Premise managers to contact contracts and compliance for advice.

Note: All IT equipment must be disposed of via the ICT department, contact ICT helpdesk either via email or telephone.

Depending on the equipment materials and the hazardous properties disposal methods are suitable recycling plants these must be licensed or permitted facilities. Note: WEEE waste must never be land filled

## 6.2 Waste generated away from health care premises

The disposal of clinical waste in a patient's home, where the patient is treated by a community nurse or a healthcare professional, is the responsibility of the nurse / healthcare professional giving the treatment (except following assessment in exceptional circumstances).

The Community teams will carry out a patient specific basis risk assessment to establish what waste will be produced during treatment, sharps (cytotoxic or medicinally contaminated), infectious, (patient known or suspected to have an infection ) or non infectious waste (shows no clinical symptoms of having an infections), and the quantity generated.

The options for disposal of this waste are as follows:

- 1) Bring back all clinical waste to the healthcare professionals designated base, and dispose of with the site waste. Staff must ensure that all waste is transported safely within the boot of the car in its segregated fractions. In appropriate UN approved containers to ensure any spillages are contained, without contaminating other waste streams.

Premise managers must be informed of the types of waste that is being brought back to base to ensure there are correct disposal points available.

Note: all liquid waste and bag waste (clinical and offensive) must be brought back to base at the end of each shift / day.

- 2) Contact the trusts clinical waste contractor to inform them of the type of waste to be collected and the required frequency. Patient name and address must be passed to the contractor from secure email addresses only e.g. nhs.net accounts. Contracts and compliance are required to ensure that the contractors receiving communication mediums are compliant with information governance requirements.

Staff must ensure that the patient or their representative gives permission for the waste to remain in their home in a safe place (away from children and or animals) awaiting collection by the clinical waste contractor.

If the waste is classified as non-hazardous, (non infectious) and as long as it is double bagged in a small translucent / white bag and sealed, it is acceptable for the waste to be disposed of with household waste, This is usually the case with plasters, small dressings, sanitary towels and incontinence products. Please note if large quantities i.e. 2 large bags per week is produced this must be disposed of as offensive waste (tiger bag) and options 1 or 2 must be followed above.

Note: Do not in any circumstances place orange or tiger bags in the patient's household waste bin.

Note: Medicines must not be removed from patients home by the healthcare professional except following risk assessment in exceptional circumstance if they are surplus to requirement they should be returned to the local pharmacy by the patient or their representative.

## 6.3 Community clinic

Where the need arises for staff working at outlying community clinics non-trust locations to transport clinical waste at the end of a session they must bring back all clinical waste to the healthcare professionals

designated base, and dispose of with the site waste. Staff must ensure that all waste is transported safely within the boot of the car in its segregated fractions. In appropriate UN approved containers to ensure any spillages are contained, without contaminating other waste streams.

Premise managers must be informed of the types of waste that is being brought back to base to ensure there are correct disposal points available.

Note: all liquid waste and bag waste (clinical and offensive) must be brought back to base at the end of each shift / day.

## **7. ROLES & RESPONSIBILITIES**

**7.1 The Chief Executive Officer** will be responsible for ensuring that individual staff are identified and given responsibility for the development, implementation and subsequent monitoring of comprehensive operating procedures to ensure that the risks arising from waste generation and disposal within the Trust comply with the requirements of this policy. The Chief Executive will ensure that sufficient resources are provided to enable the policy to be implemented and to remain effective.

**7.2 The Nominated Director for Health and Safety (Chief Nurse)** will through the Trust Health & Safety Sub Committee be responsible for monitoring compliance with the Safe Handling and Disposal of Healthcare Waste Policy, generating status reports reporting any significant risks associated with the handling or disposal of waste to the Quality Improvement and Risk Group.

**7.3 Managers (Facility Managers, Support Services Managers, Premises Managers and responsible persons both clinical and non clinical)** will be responsible for:

- Ensuring that the requirements of this policy are complied with and that all personnel receive instruction on the correct methods of waste management at the premises/ department they control. Senior managers and all line managers of staff generating or handling such waste also have a legal responsibility to ensure that the correct training and equipment is supplied and that the agreed procedures are followed.
- Managers will establish Standard Operating Protocols/Procedures (SOP's) for the premises, locations and services they have responsibility for, to cover, the collection, storage and disposal of waste to ensure that it is done safely and legally.
- Have a responsibility ("Duty of Care") to ensure that any waste generated is handled and disposed of in a secure and correct manner. This is a legal responsibility.
- Premise managers must immediately inform contract and compliance team when a property is either acquired and or disposed of to ensure correct registration with the environment agency.
- Maintain records of all movements both consignments and waste transfers ensuring that unique and consecutive consignment codes are issued. These records must show the quantity, nature, origin and destination.

**7.4 All Trust staff** has a duty to take reasonable care of themselves and to help protect the environment by their acts or omissions. In the context of safe handling and disposal of healthcare waste employee's shall:

- adhere to instructions training and guidance provided by the employer in relation to healthcare waste to ensure that waste they generate is handled and disposed of in a secure and correct manner
- Shall follow the SOP's that are in place making full and proper use of any equipment or system of work provided.

- Report any problems, concerns or potential hazards they encounter as soon as possible, in line with the Reporting of Adverse Incident Policy.

7.5 **All Estates staff** will ensure that they are fully conversant with the policy and SOP's and shall ensure that any work undertaken within Trust premises complies with these requirements. Estates staff shall take particular care to ensure that the Estates Manager is informed and becomes actively involved with any aspect of works involving waste removal. Estates managers will give specific instruction to consultants and contractors designing or working in Trust's premises to ensure that they are aware of the requirements and that they must comply with this policy in all respects.

7.6 **Health and Safety Manager will** assist in the implementation of this policy. They will be suitably qualified and competent to advise on the requirements outlined in this policy, relevant statutory regulations and/or codes of practice. They will assist in the development of detailed SOP's for the management of waste.

7.7 **Infection Control Teams** are responsible for ensuring that the policy and procedures are consistent with all guidelines and policies on infection control

## 8 EMERGENCY RESPONSES

**Spillages and Contaminant:** Contaminants are substances such as body fluids, water, oil and dust that can cause a floor surface to become slippery and potentially result in accidents.

Spills that can not be safely managed by staff working in the area must immediately be reported to the appropriate Helpdesk and interim measures taken by staff until the spillage can be cleared and area made safe i.e. temporary barriers restricting access to the contaminated area.

All staff must follow Decontamination Policy when dealing with blood and body fluid Refer to SOP's Appendix 12, 13 and 14

All staff have a responsibility to report spillages and potential trip hazards promptly in accordance with the Trust's Incident/ Accident reporting Procedure.

### 8.2 Guidance for the removal of spillages of healthcare waste within Trust premises

Accidents that occur in clinical areas i.e. ward areas, in consulting/examination rooms, treatment/clinical rooms, and/or GP suites that involves healthcare waste, body fluids, medicines

- The clinical/nursing staffs are to complete the initial removal and repacking of the healthcare waste in a replacement container or placing the cleanup waste in waste containers. The domestic staff will then carry out action to render the area clean as soon as is reasonably practical.

Accidents that occur in shared non clinical areas i.e community waiting areas, sanitary areas, public restaurants and external areas

- Domestic/clinical staffs will remove/repack the waste spillage and then render the area clean. In the absence of clinical/domestic staff on site, the premises/support service manager or designated person will take responsibility to ensure the area is safe for patients and staff. Contact will then be made to the "on-call" duty person for domestic

services. This person will organise the repacking of the spillage, where applicable, and arrange the complete clean.

The premises/support service manager or designated person shall be responsible for arranging the removal of waste spillages within the Trust premises and grounds and generate Standard Operating Procedures to cover this eventuality.

The domestic contract manager should be contacted if assistance is required, the domestic staff will assist with the repackaged waste where required and complete the clean to maintain a pleasant environment.

### **8.2.1 Mercury Spillage**

Elemental liquid Mercury is used mainly in two instruments, thermometers and sphygmomanometers. The major risk in using the instruments lies in dealing with the breakage resulting in a spillage of mercury (Mercury is a persistent pollutant and does not break down in the environment). These spillages will be classified as Hazardous waste and their collection, storage and disposal are subject to specific control.

Each premises and/or ward using equipment containing liquid mercury must have available a kit for the collection and disposal of spilled mercury. Mercury spillage kits are available from NHS Supply chain (These kits contain instructions on the collection and disposal of spilled mercury and include single use plastic gloves, paper towels, a bulb aspirator for the collection of large drops of mercury, a vapour mask, a suitable receptor fitted with a seal and mercury absorbent paste).

To dispose of the mercury please see section 6.1-mercury

## **9. ACCIDENTS AND INCIDENTS**

9.1 Incidents involving inappropriate segregation or use of waste receptacles i.e. over filling of sharp bins any incidents involving sharps need to be reported following the Trust internal reporting system as soon as possible. An analysis and investigation of incidents involving health care waste, whether reportable or not, helps identify causes, trends, the level of compliance and the effectiveness of the precautions in place

### **9.2 Sharps or bodily fluids incidents**

Always follow procedure described in appendix 5 (Steps to take should a sharp or contamination injury occur

#### **FIRST AID advice**

- **Allow wound to bleed, ideally by holding it under running water, (do not squeeze or suck the wound).**
- **Wash wound thoroughly with soap and water (do not scrub area).**
- **Dry and cover with waterproof dressing.**
- **Irrigate eyes: With copious water (before and after removing contact lenses)**

During office hours report injury to line manager and occupational health, if the injury occurs out of hours please contact your local accident and emergency department.

At the earliest opportunity report any sharps injuries / incident following the trust internal reporting procedure Ulysses .

## **10 LOSS OF WASTE COLLECTION SERVICE**

10.1 In the event of an interruption of waste collection by the waste contractor the followed key steps need to be followed.

**Step 1** Establish the reason for the interruption. The location suffering interruption of collection must contact the contractor's customer service centre and establish when the collections will resume. To eliminating the more straightforward issues such as traffic delays or breakdown of collection vehicles, sickness of staff resulting in short term stoppage or delay. If it is a stoppage and not just a delay site manager must raise this with the contracts and compliance team.

**Step 2** Short term interruption of collection service.

**Domestic waste**, this can be stored safely in bags in a secure internal area, once the existing bins are full ensuring that no health or fire risk is created. Eg store room must be fitted with fire protection system, fire exits and routes must not be blocked.

Note: Clinical waste bags and domestic waste bags must not be stored even temporarily together.

**Clinical waste** Continue strict segregation so that only waste that is clinical waste, which requires treatment, is placed into the clinical waste bags placed to in the storage container.

This can be stored safely in bags in a secure internal area, once the existing bins are full ensuring that no health or fire risk is created. E.g. store room must be fitted with fire protection system, fire exits and routes must not be blocked.

Note: Clinical waste bags and domestic waste bags must not be stored even temporarily together.

**Sharps and medicines containers** must not be sealed until the fill line has been reached. Once sealed they need to be held in a secure area until collection can be resumed. Sharps and medicine containers should not be stored with clinical or domestic waste bags as they could potentially split the bags.

**Step 3** Prolonged interruption of collection service

Check storage capacity to establish if the location can continue to function

**Domestic waste**, establish a secure location to store bags with particular attention to ensure vermin cannot get to the bags. If a suitable area cannot be found, source additional bins to place the bags in through local purchase.

**Clinical waste**, enforce stricter segregation of infectious clinical wet waste into one bag and dry waste into a second. Source bins that are leak proof preferably with lockable lids through local purchase to place the wet waste into and place into a secure area. The dry clinical waste bags can be stored loose in a secure area as above in step 2

10.2 In the event of a total failure of service for an indeterminate period the following actions must be taken: -

Liaise with Contracts and compliance team, as the loss of service may be trust wide and steps to provide service may already be in hand.

Take the actions as above to provide temporary storage and be in a position to quantify your locations storage capacity and collection requirements to contracts and compliance when requested.

Contracts and compliance will take control in the events of an incident affecting all waste collections and coordinate a trust wide response in the event of a regional problem they will work with the Department of Health in the implementation of a national response. This will be critical, with the removal of clinical waste due risks to the environment and health hazard to humans from the infected waste.

## **11 TRAINING**

Training needs vary depending on the responsibilities and job function and must be carried out at department level . The key training needs must be identified at department level and is provided by the Modern Matrons (Department heads in non clinical areas) with assistance from Contracts and Compliance. The Trust will comply with the requirements of the “managing compliance section, Sub-section training” in the Safe Management of Healthcare Waste document version 2.

## **12. MONITORING COMPLIANCE**

12. 1 The Health and Safety Manager will review incidents that may have occurred relating to the policy.

12.2 In line with the requirement for **pre-acceptance audits** for England and Wales, audits site will be audited based on the following:

- Every 12 months for each site that produces five tonnes or more of clinical waste in any calendar year
- Every two years for each dental practice and laboratory that produces less than five tonnes of clinical waste per calendar year
- Every five years for other healthcare producers of clinical waste

This audit will review staff waste management practices and, in particular, the effectiveness of segregation procedures, the audit will entail observation, recording and classification of each waste item as it is placed into a receptacle. The audit will also confirm that the documentation (consignment or transfer note) accompanying the waste when it leaves the premises reflects the audit findings. The Auditor will report findings to waste contractor and report appropriate remedial actions to the Premise Manager.

12.3 Under Environmental Legislation, waste producers have a cradle to grave responsibility for the control, management, transport and disposal of their waste. Contracts and compliance team, will undertake a waste audit every year that will check the route of the waste being collected and leaving the site though to final disposal by tracking a minimum of 5 consignment notes from cradle to grave. All disposal sites will be visited over the duration of the waste contract. Contracts and compliance team will report summary findings annually to the Health & Safety Committee.

## **13. EQUALITY & DIVERSITY AND MENTAL CAPACITY ACT**

13.1 A thorough and systematic assessment of this policy has been undertaken in accordance with the Trust’s Policy on Equality and Human Rights.

13.2 The assessment found that the implementation of and compliance with this policy has no impact on any Trust employee on the grounds of age, disability, gender, race, faith, or sexual orientation. See Appendix 6

## 14. REVIEW

14.1 This document may be reviewed at any time at the request of either staff side or management, but will automatically reviewed on a tri-annual basis unless organisational changes, legislation, guidance or non-compliance prompt an earlier review.

## 15. REFERENCES

- Environmental Protection Act 1991 latest amendments
- Hazardous Waste Regulations 2005
- Controlled Waste Regulations 2012
- Landfill (England & Wales) Regulations 2007
- Radioactive Substances Act 1993, latest amendments
- Medicines Act 1968 latest amendments
- List of Waste (England) regulations 2005
- Carriage of Dangerous Goods and Use of Transportable Pressure Equipment Regulations 2011
- Waste Electrical and Electronic Equipment Regulations 2009
- Health and Safety at Work Act 1974 latest amendments
- Control of Substances Hazardous to Health Regulations 2004
- The Misuse of Drugs Act 1971 latest amendments
- Controlled Drugs Regulations 2012
- HTM 07-05 The treatment, recovery, recycling and safe disposal of waste electrical and electronic equipment
- The Management of Health and Safety at Work Regulations 1999
- The Workplace (Health, Safety and Welfare) Regulations 1992
- Control of Pollution Act 1974 latest amendments
- Environmental Protection (Duty of Care) Regulations 1991
- Ionising Radiations Regulations 1999
- Healthcare waste Collection Referral Form This document is in the Project Integra Protocol- Healthcare Waste which is an agreed protocol between healthcare providers and local authorities. This protocol sets out how to arrange for the collection of healthcare waste, (sharps/infectious/offensive) from client/patient home

All latest amendments and as referred to in a range of subsequent guidance documents produced by the Health Service Advisory Committee, Health and Safety Executive, The Department of Environment and Rural Affairs, Environment Agency.



**APPENDIX 1**

Current waste carriers mixed recycling poster (Contract due for renewal April 2014)



**Mixed recycling**

YOU CAN PLACE ALL CANS, CARD, PAPER AND PLASTIC IN THIS CONTAINER.

There's life in all of us yet. More than half of the waste that usually ends up in the dustbin could be recycled. Now it has never been so easy to recycle.

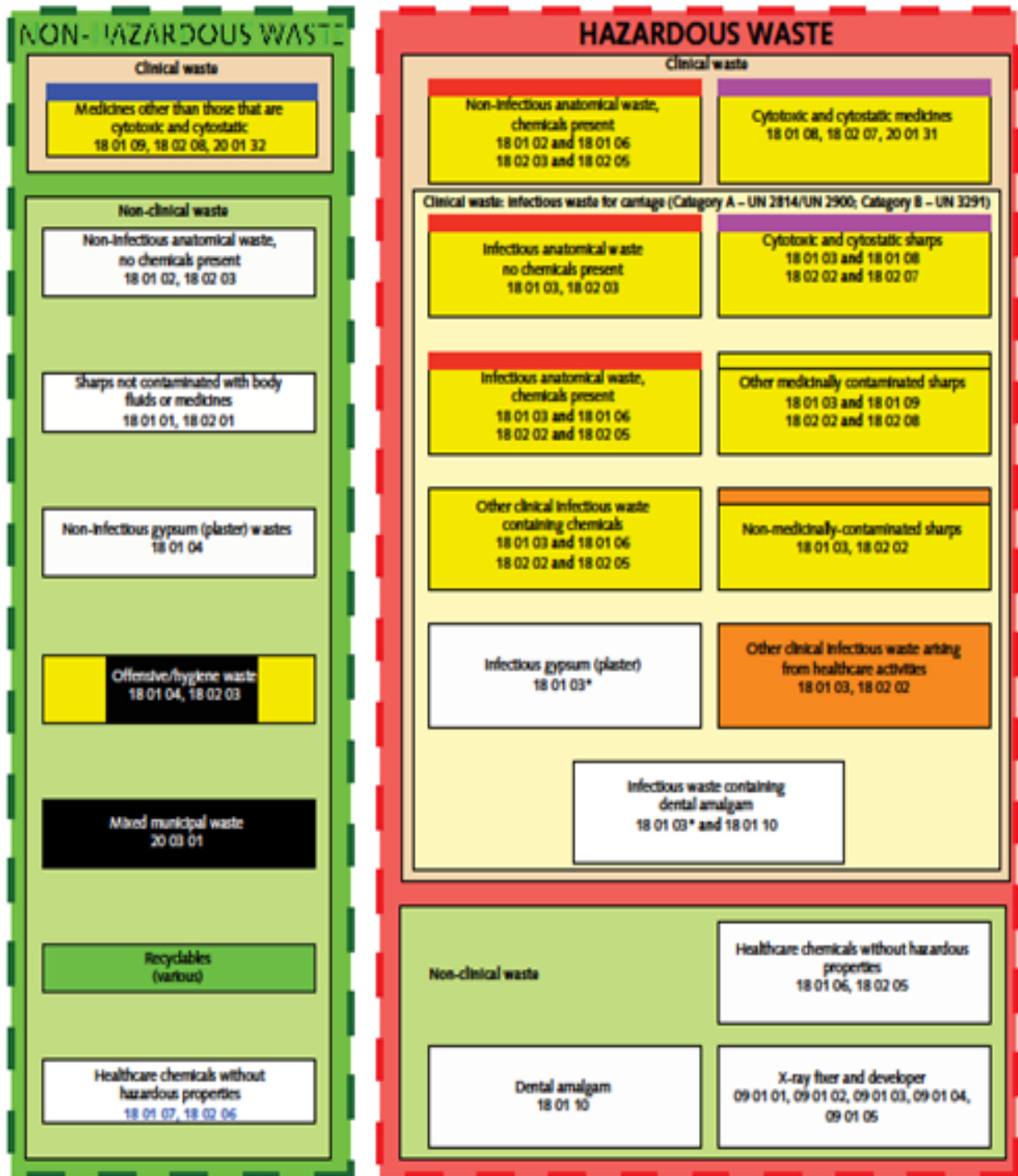
**Recycle for Life!**

 recycle

 **VEOLIA**  
ENVIRONMENTAL  
SERVICES

**APPENDIX 2**

Healthcare waste: examples and breakdown of clinical and hazardous in line with regulatory definitions



**Figure 2 Healthcare waste: examples and breakdown of clinical and hazardous in line with regulatory definitions**

**APPENDIX 3**  
**CAT A Pathogens**

Carriage Information:  
 Category A pathogen List

The table below shows the carriage regulations' Category A pathogen list. The Carriage Regulations define Category A as:

“An infectious substance which is carried in a form that, when exposure to it occurs, is capable of causing permanent disability, life threatening or fatal disease to humans or animals.”

(See details of Category A Substances in the ADR regulations.)

Indicative examples of infectious substances included in Category A in any form unless otherwise indicated (2.2.62.1.4.1)

UN Number and name	Microorganism
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) Ebola virus Flexal virus Francisella tularensis (cultures only) Guanarito virus Hantaan virus Hantavirus 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

	<p>Marburg virus  Monkeypox virus  Mycobacterium tuberculosis (cultures only)<sup>a</sup>  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)<sup>a</sup>  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)</p>
<p>UN 2900   Infectious substances affecting animals only</p>	<p>African swine fever virus (cultures only)  Avian paramyxovirus Type 1 – Velogenic Newcastle disease virus (cultures only)  Classical swine fever virus (cultures only)  Foot and mouth disease virus (cultures only)  Lumpy skin disease virus (cultures only)  Mycoplasma mycoides – Contagious bovine Pleuropneumonia (cultures only)  Peste des petits ruminants virus (cultures only)  Rinderpest virus (cultures only)  Sheep-pox virus (cultures only)  Goatpox virus (cultures only)  Swine vesicular disease virus (cultures only)  Vesicular stomatitis virus (cultures only)</p>
<p><sup>a</sup> Nevertheless, when the cultures are intended for diagnostic or clinical purposes, they may be classified as infectious substances of Category B.</p>	

[Carriage of Dangerous Goods and Use of Transportable Pressure Equipment Regulations](#)

[Carriage of Dangerous Goods and Use of Transportable Pressure Equipment \(Amendment\) Regulations 2011](#)

[Carriage of Dangerous Goods and Use of Transportable Pressure Equipment Regulations \(Northern Ireland\)](#)

[Carriage of Dangerous Goods and Use of Transportable Pressure Equipment \(Amendment\) Regulations \(Northern Ireland\) 2011](#)

[Details of Category A substances in the ADR regulations](#)



## APPENDIX 4

EWC Codes that apply to waste produced from healthcare and similar municipal source.

EWC code	Description of code
<b>09</b>	<b>Wastes from the photographic industry</b>
<b>09 01</b>	<b>Wastes from the photographic industry</b>
09 01 01*	Water-based developer and activator solutions
09 01 02*	Water-based offset plate developer solutions
09 01 03*	Solvent-based developer solutions
09 01 04*	Fixer solutions
09 01 05*	Bleach solutions and bleach fixer solutions
09 01 06*	Wastes containing silver from on-site treatment of photographic waste
09 01 07	Photographic film and paper containing silver or silver compounds
09 01 08	Photographic film and paper free of silver or silver compounds
<b>18</b>	<b>Wastes from human and animal health care and/or related research (except kitchen and restaurant wastes not arising from immediate health care)</b>
<b>18 01</b>	<b>Waste from natal care, diagnosis, treatment or prevention of disease in humans</b>
18 01 01	Sharps except 18 01 03*
18 01 02	Body parts and organs including blood bags and blood preserves (except 18 01 03*)
18 01 03*	Waste whose collection and disposal is subject to special requirements in order to prevent infection
18 01 04	Waste whose collection and disposal is not subject to special requirements in order to prevent infection, e.g. dressings, plaster casts, linen, disposable clothing
18 01 06*	Chemicals consisting of or containing dangerous substances
18 01 07	Chemicals other than those listed in 18 01 06*
18 01 08*	Cytotoxic and cytostatic medicines
18 01 09	Medicines other than those mentioned in 18 01 08*
18 01 10*	Amalgam waste from dental care
<b>18 02</b>	<b>Waste from research, diagnosis, treatment or prevention of disease involving animals</b>
18 02 01	Sharps except 18 02 02*
18 02 02*	Waste whose collection and disposal is subject to special requirements in order to prevent infection
18 02 03	Waste whose collection and disposal is not subject to special requirements in order to prevent infection
18 02 05*	Chemicals consisting of or containing dangerous substances
18 02 06	Chemicals other than those listed in 18 02 05*
18 02 07*	Cytotoxic and cytostatic medicines
18 02 08	Medicines other than those mentioned in 18 02 07*
<b>20</b>	<b>Municipal wastes (household waste and similar commercial, industrial and institutional wastes) including separately collected fractions</b>
<b>20 01</b>	<b>Separately collected fractions (except 15 01)</b>
20 01 31*	Cytotoxic and cytostatic medicines
20 01 32	Medicines other than those mentioned in 20 01 31*
20 01 99	Other fractions not otherwise specified (used for offensive waste)
*Hazardous wastes can be:	
<ul style="list-style-type: none"> <li>• absolute hazardous entries (in which case they are always hazardous – highlighted red in the Table) or</li> <li>• mirror entries (which can be either hazardous or non-hazardous depending on their properties – highlighted blue in the Table).</li> </ul>	

# Steps to take should a sharps or contamination injury occurs

(Sharps, bites, cuts, scratches or splashes of blood or body fluids)

The information needs to be shared widely with clinical staff and the poster displayed in an appropriate clinical area e.g. treatment room/office. Please be aware that there is information on the poster which is sensitive and therefore displaying the poster in areas directly accessible to patients/visitors is not appropriate.

## ACTION: If a sharps or contamination incident occurs.

### 1. First Aid

- Allow wound to bleed, ideally by holding it under running water, (do not squeeze or suck the wound).
- Wash wound thoroughly with soap and water (do not scrub area). Dry and cover with waterproof dressing.
- Irrigate eyes: With copious water (before and after removing contact lenses)

### 2. Immediate Action

- REPORT INCIDENT to your manager and Occupational Health immediately telephone: Occupational Health Hotline 07775 800 333 or OH main reception 023 8071 3300.

### 3. Out Of Hours

- When Occupational Health is closed: (evenings, weekends and bank holidays). Staff should go to their local Emergency Department.
- If staff member has no transport they should go by a taxi (the Trust will reimburse the fare with receipt).

### 4. Further Action

- Staff who went to Emergency Department should contact Occupational Health on the next working day for follow up.
  - Complete Incident form; when incident relates to a positive source, managers should contact the Risk Health & Safety team to report under RIDDOR.
- If source/donor patient positive for blood borne virus: consider using condoms during sexual intercourse until follow up is clear, as it cannot be guaranteed there are no risks.

### Information Needed

- Patients name or origin of source.
- Date of Birth, address.
- GP/Consultant treatment and diagnosis if known.

### Action

Incidents where there is high risk of BBV. Managers can assist by telephoning through these details and state incident is Medical Emergency likely to require Post Exposure Prophylaxis.

## Quick Guide: To help with the initial assessment (Blood Borne Viruses)

Is the source or patient/client known or unknown?

1. **Unknown risk:** risk assessment should determine the likelihood that medical device/ source was higher risk of contamination with BBV e.g. was the medical device was from a ward with patients known to be infected with hepatitis B or hepatitis C or HIV.
2. **Known higher risk:** the source patient/client is infected with hepatitis B, hepatitis C or HIV. How long is it since they were screened and levels of antigen measured as this may affect their risk?
3. When source/patient is NOT known to carry any of these infections, risks may also be increased in the following:

**Hepatitis B:** The risk may be increased when the source/patient is one of the following:

- Injecting drug user
- Individual who may be at risk of hepatitis B through unsafe sexual activity (e.g. unprotected vaginal or anal intercourse).
- Individual who is having unprotected sex with hepatitis B positive partner or partner who put themselves at risk because of their sexual behaviour.
- People with hepatitis B infected mothers.
- People from Africa, the middle and Far East, south east Asia and southern and eastern Europe.

**Hepatitis C:** The risk may be increased when the source/patient is one of the following:

- Received unscreened blood or untreated plasma products in the UK prior to September 1991 (blood) and 1985 (plasma products) or has received blood/plasma products from country where blood is not tested for hepatitis C virus.
- An Injecting Drug User who has shared equipment
- A health care worker or has been a patient in invasive medical, surgical, dental or midwifery procedures in parts of the world where infection control procedures may have been inadequate or with populations with a prevalence of hepatitis C infection (e.g. Egypt).

**HIV:** The risk may be increased when the source/patient is one of the following:

- Individual who has been living in an area of the world with a high prevalence of HIV e.g. Africa (SouthEast/Central Africa), Central Asia and eastern Europe.
- Individual who may be at risk through unprotected/unsafe sex or have partners who and participate in unsafe sexual behaviour. Risk is increased in those from high prevalence areas
- Injecting drug user.
- Blood transfusion before Oct 1985 in UK.
- Mother HIV positive.
- Blood transfusion abroad; where blood is not screened.

## APPENDIX 6

### Equality Impact Assessment

Completed in consultation

<b>Step 1 – Scoping; identify the policies aims</b>	<b>Answer</b>
1. What are the main aims and objectives of the policy?	To inform all staff on the procedures to be followed when handling and disposing of healthcare waste and the arrangements that are in place for assessments and remedial actions for compliance with the Environmental Protection Act
2. Who will be affected by it?	All NHS Trust staff. Independent Contractors.
3. What are the existing performance indicators/measures for this? What are the outcomes you want to achieve?	Local targets Legal requirements Outcomes
4. What information do you already have on the equality impact of this policy?	–
5. Are there demographic changes or trends locally to be considered?	No
6. What other information do you need?	None identified

<b>Step 2 - Assessing the Impact; consider the data and research</b>	<b>Yes</b>	<b>No</b>	<b>Answer (Evidence)</b>
1. Could the policy unlawfully against any group?	✓		Information is in English only. This could mean exclusion of staff with communication difficulties. However this can be provided on request via Access to communications.
2. Can any group benefit or be excluded?		✓	
3. Can any group be denied fair & equal access to or treatment as a result of this policy?		✓	
4. Can this actively promote good relations with and between different groups?	✓		
5. Have you carried out any consultation internally/externally with relevant individual groups?	✓		Please see routes of consultation and ratification process.
6. Have you used a variety of different methods of consultation/involvement	✓		Consultation within organisation. Please see above.
Mental Capacity Act implications	✓		
7. Will this policy require a decision to be made by or about a service user? (Refer to the Mental Capacity Act policy for further information)		✓	

If there is no negative impact – end the Impact Assessment here.

<b>Step 3 - Recommendations and Action Plans</b>	<b>Answer</b>
1. Is the impact low, medium or high?	
2. What action/modification needs to be taken to minimise or eliminate the negative impact?	
3. Are there likely to be different outcomes with any modifications? Explain these?	

<b>Step 4- Implementation, Monitoring and Review</b>	<b>Answer</b>
1. What are the implementation and monitoring arrangements, including timescales?	
2. Who within the Department/Team will be responsible for monitoring and regular review of the policy?	

<b>Step 5 - Publishing the Results</b>	<b>Answer</b>
How will the results of this assessment be published and where? (It is essential that there is documented evidence of why decisions were made).	



## **APPENDIX 7**

### **Standard Operational Procedure – Transporting Clinical Waste**

Any one responsible for the removal and transportation of waste bags, sharps boxes, pharmacy waste containers and placenta containers must adhere to this Standard Operational Procedure

Waste bags must never be transported in the same cart / trolley at the same time as Sharps boxes, pharmacy waste containers or placenta containers, as the hard containers are likely to split the plastic bags.

Domestic waste bags and offensive waste bags can be transported in the same cart / trolley at the same time.

Clinical waste bags must never be transported with any other waste type (containers or bags)

Sharps boxes, Pharmacy waste containers and placenta containers can all be transported together in the same cart / trolley at the same time.

The cart / trolley used to transport waste must be cleaned every time it has been used to transport clinical waste bags.

With the exception of Community teams under no circumstances must waste of any classification be removed from the premise it was generated this includes, domestic, recycling, offensive, clinical, sharps, cytotoxic / cytostatic, pharmacy waste, anatomical (placentas), electrical and electronic, inert (building materials) etc.

**Note: this is ILLEGAL and can result in the driver being prosecuted.**

Community teams may transport the waste that they have generated by carrying out treatments / procedures to their own base. Waste must be disposed of at their own base as soon as reasonably practicable. Whilst in transit the waste items such as orange bags, sharps boxes and placentas must be segregated and contained within UN approved and where appropriate leak proof containers. Bags and boxes / containers must be kept separate to prevent splitting the bags.

## **APPENDIX 8**

### **Standard Operational Procedure – Bag tying**

Any one responsible for the removal and closure of waste bags must adhere to this Standard Operational Procedure

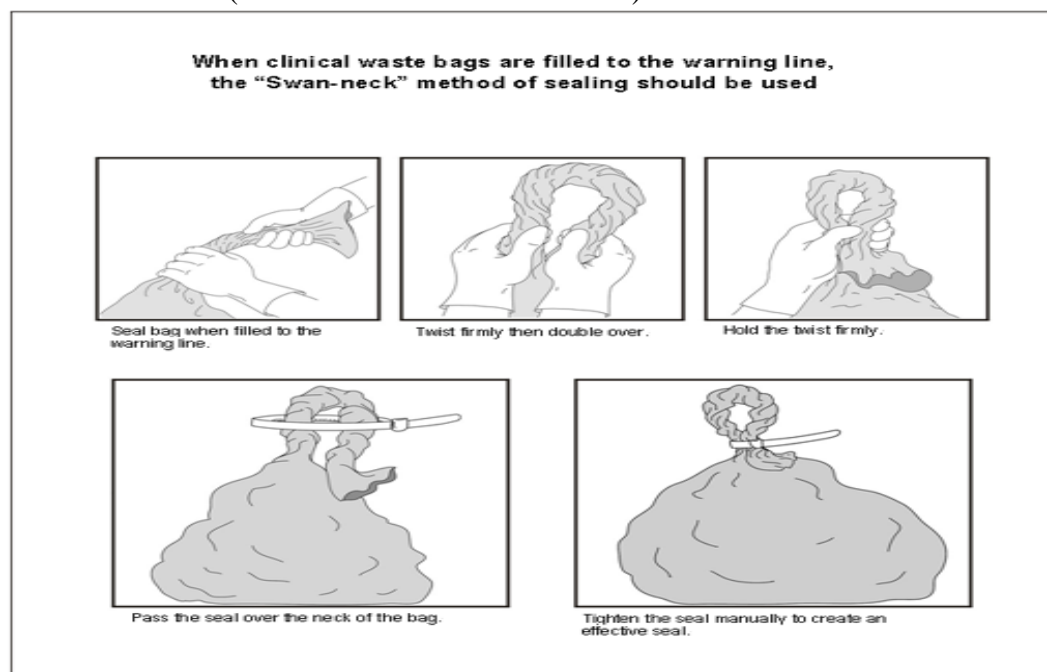
#### **Clinical and Offensive waste bags**

All clinical waste bags and Offensive waste bags must be tied using the swan neck method shown.

In the event that a swan neck cannot be achieved due to overfilled bags, the contents must not be removed and the bag should be suitably sealed ensuring no contents can escape. If this cannot be achieved then the whole bag must be placed into a larger bag and a swan neck method used to tie the bag.

If a swan neck tie cannot be achieved report overfilled bags to clinical lead of the area concerned.

All Clinical waste and Offensive waste bags must be tagged with a unique identity tag supplied by the soft FM team (external or internal contractors)



#### **Domestic waste bags**

Domestic waste bags must be suitably sealed / tied to prevent the contents escaping

Glass waste bags must be transported separately and not mixed within domestic waste bags

**Bags must be replaced with the same colour as the one removed unless requested by Clinical leads or domestic supervisors.**

**When transporting waste bags domestic and offensive waste can be transported in the same cart / trolley at the same time. Clinical waste must never be transported with either offensive or domestic waste bags.**

## ***APPENDIX 9***

### **Standard Operational Procedure – Community Teams**

Community staff must carry out a patient specific risk assessment to establish the correct segregation, packaging, classification, labelling and disposal routes.

Community staff have a duty of care and are responsible for ensuring the waste is managed correctly and does not pose a risk to their patient the community or the environment.

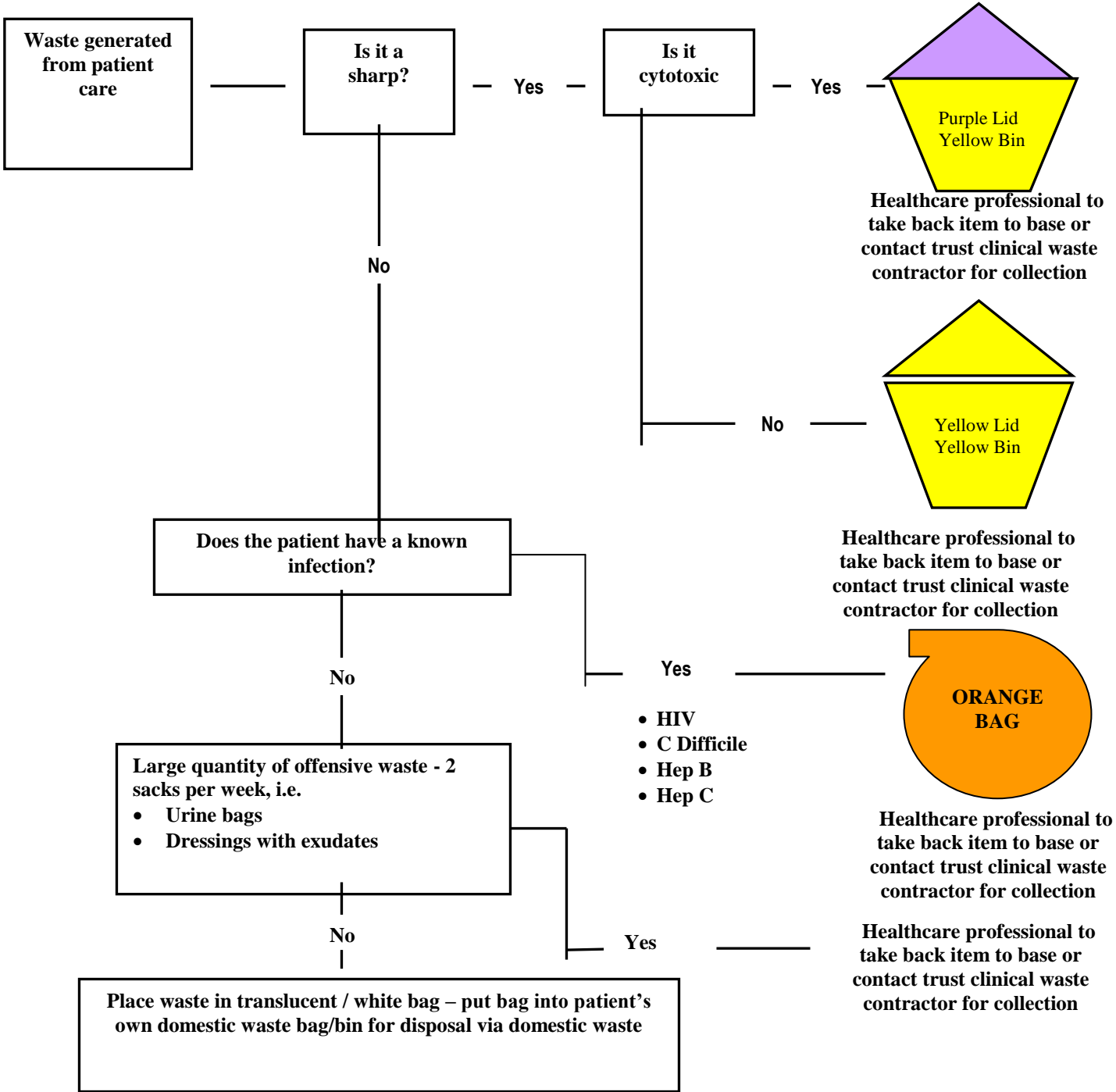
Community staff must follow the flowchart below that identifies which disposal route is suitable for the type of waste identified.

If Community staff are required to transport waste, they must ensure the correct UN approved containers are used for storage and transportation and should dispose of the waste at the earliest opportunity at their own base.

**APPENDIX 10**

**MANAGEMENT OF PATIENT’S OWN WASTE IN THE HOME ENVIRONMENT**

Healthcare professional to carry out risk assessment to establish any known or suspected infections, if found to be infectious advise the patient / relative / carer to contact the local council to arrange collection of infectious waste. The local council should also be contacted by the patient / relative / carer for the collection of Sharps or large quantities of non infectious waste.



**APPENDIX 11**

**Decontamination Certificate**

From (consignor) .....	To (consignee): .....
Address: .....	Address.....
.....	.....
.....	.....
Reference: .....	.....
Telephone number: .....	

Manufacturer: .....

Description of equipment: .....

Other identifying marks: .....

Model No. .... Serial No. ....

Fault: .....

<b>Is the item contaminated? Yes/No Don't Know</b> <i>Ring/delete as appropriate</i>
* State type of contamination: blood, body fluids, respired gases, pathological samples, chemicals (including cytotoxic drugs), radioactive material or any other hazard
.....
<b>Has the item been decontaminated? Yes/No Don't Know</b> <i>Ring/delete as appropriate</i>
Cleaning: .....
Disinfection: .....
Sterilisation: .....
Please explain why the item has not been decontaminated?: .....
.....

<b>This item has been prepared to ensure safe handling and transportation:</b>
Name: ..... Position: .....
Date: ..... Tel No. ....

## APPENDIX 12

### For Inpatient staff

#### Infection Control Guidance on the **Management of spillages of body fluids (excluding blood)**

This guidance is for use by Solent NHS staff in the inpatient setting where cleaning products available and materials in situ are regulated.

Spillages of body fluids may potentially expose health care workers, patients and visitors to pathogenic organisms. The safe and effective management of such spillages is essential.

Spillages of blood and body fluids must be dealt with promptly. The Chlorine Releasing Agents (CRA's) that are required in the management of a spillage are regulated under the Control of Substances Hazardous to Health Regulations (COSHH) and Healthcare staff must follow written guidance within the product data sheet.

#### **Management of Spills on Hard Surfaces**

- Always deal with a spillage immediately.
- Wear disposable gloves and apron or gown. If risk of splashing wear eye protection.
- Gather equipment as required – this may include clinical or offensive waste bags, paper towels, detergent, water.
- Carefully remove bulk of spillage i.e. vomit/faeces etc using paper towel or scoop - dispose of directly into waste bag.
- Remove gross contamination with cloth or detergent wipe..
- If the spill was contaminated with blood refer to the separate guidance – Management of Blood Spills.
- If the spill is believed to be infectious the area needs to be disinfected using a Chlorine Releasing Agent i.e. Actichlor Plus at 1,000ppm.
- Make up solution of Actichlor Plus according to manufacturers instructions - for general enhanced cleaning use 1 litre of cold water and add one x 1.7g tablets i.e. 1,000ppm solution. This will take a few minutes to dissolve, do not shake or agitate container – it may splash or explode. Allow the area to air dry if possible or allow contact time of 2 minutes before drying.
- Remove PPE, dispose of waste and wash hands thoroughly with soap and water.

#### **Management of Spills on Soft Furnishings Including Carpets**

- Always deal with a spillage immediately.
- Wear disposable gloves and apron or gown. If risk of splashing wear eye protection.
- Gather equipment as required – this may include clinical or offensive waste bags, paper towels, water soluble laundry bags, detergent, water.

- Carefully remove bulk of spillage i.e. vomit/faeces etc using paper towel or scoop - dispose of directly into waste bag.
- If the item can be removed i.e. curtains or cushions do so – place in appropriate laundry bag for soiled items, secure and label. Follow internal processes for laundering.
- If the item cannot be removed i.e. furniture or carpet - clean the area thoroughly with general detergent solution and warm water. (Actichlor Plus must not be used on soft furnishings.)
- Ensure that any contamination of surrounding surfaces is appropriately dealt with (see instructions above).
- Staff must contact domestic services and request a ‘steam clean’ of the item. This item must remain out of use or cordoned off until fully cleaned and dried.

### **Warnings and Precautions**

1. Do not take Actichlor Plus internally.
2. Do not spray Actichlor Plus solution.
3. Do not use Actichlor plus on soft furnishings
4. Avoid eye and direct skin contact – follow first aid if required.
5. Do not mix Actichlor Plus directly with acids including urine or vomit.
6. Do not add any other detergents to Actichlor Plus solution.
7. Avoid prolonged contact with stainless steel.
8. Always dispose of used materials in appropriate waste stream.
9. Store unused tablets in a secure dry place out of reach of children or vulnerable adults.
10. Whenever possible ensure good ventilation of area when using any chlorine product.

### **Further information can be obtained from**

Decontamination Policy  
 Hand Hygiene Policy  
 Standard Precautions Policy  
 Waste Policy

**For further advice contact Infection Prevention Team – 02392 684533**

## APPENDIX 13

### Inpatient Staff

#### Infection Control Guidance on the Management of Blood Spills

This guidance is for use by Solent NHS staff in the inpatient setting where cleaning products available and materials in situ are regulated.

Dealing with spillages of blood or blood stained body fluids may expose health care workers to blood borne viruses or other pathogens. It must always be assumed that any blood from any person poses a potential risk and consequently the safe and effective management of such spillages is essential.

Spillages of blood and body fluids must be dealt with promptly. The Chlorine Releasing Agents (CRA's) that are required in the management of a spillage are regulated under the Control of Substances Hazardous to Health Regulations (COSHH) and Healthcare staff must follow written guidance within the product data sheet.

#### Procedure

1. Wear disposable gloves and apron or gown. If risk of splashing wear eye protection.
2. Place disposable paper towel/blue towel onto spill until absorbed.
3. Make up solution of Actichlor Plus according to manufacturer's instructions - for blood spills use 1 litre of cold water and add ten x 1.7g tablets i.e. 10,000ppm solution. This will take a few minutes to dissolve, do not shake or agitate container – it may splash or explode.
4. Gather other equipment required – clinical waste bags and paper towels for cleaning.
5. Carefully pour fully dissolved Actichlor Plus solution over the paper towels.
6. Leave for a minimum of 2 minutes, ideally for 5 minutes, to neutralise any potential blood borne viruses.
7. Dispose of waste in clinical waste bags.
8. Due to high strength solution clean the area thoroughly with general detergent solution or wipes to reduce damage to surfaces
9. Dispose of unused high strength Actichlor Plus solution immediately into drains with running water.
10. Remove PPE and dispose of as clinical waste.
11. Wash hands thoroughly with soap and water.

#### In-Patient Procedure Blood Spills on Soft Furnishings including carpets

1. Always deal with a spillage immediately.
2. Wear disposable gloves and apron or gown. If risk of splashing wear eye protection.
3. Gather equipment as required – this may include clinical waste bags, paper towels, water soluble laundry bags, detergent, water.
4. Carefully soak bulk of spillage using paper towels - dispose of directly into clinical waste bag.
5. If the item can be removed i.e. curtains or cushions do so – place in appropriate laundry bag for soiled/infected items, secure and label. Follow internal processes for laundering.
6. If the item cannot be removed i.e. furniture or carpet - clean the area thoroughly with general detergent solution and warm water. (Actichlor Plus must not be used on soft furnishings.)



7. Warning – Actichlor Plus is not compatible with soft furnishings therefore blood borne virus will not have been neutralised at this point
8. Ensure that any contamination of surrounding surfaces is appropriately dealt with (see instructions above).
9. Staff must contact domestic services and request a ‘steam clean’ of the item. This item must remain out of use or cordoned off until fully cleaned and dried.

#### Warnings and Precautions

1. Do not take Actichlor Plus internally.
2. Do not spray Actichlor Plus solution.
3. Do not use Actichlor plus on soft furnishings
4. Avoid eye and direct skin contact – follow first aid if required.
5. Do not mix Actichlor Plus directly with acids including urine or vomit.
6. Do not add any other detergents to Actichlor Plus solution.
7. Avoid prolonged contact with stainless steel.
8. Always dispose of used materials in appropriate waste stream.
9. Store unused tablets in a secure dry place out of reach of children or vulnerable adults.
10. Only standard strength solution of Actichlor plus can be retained in suitable screw top bottle correctly labelled for 24hours. High strength solution used in management of blood spills must be discarded immediately after use.
11. Whenever possible ensure good ventilation of area when using any chlorine product.

#### **Further information can be obtained from**

Decontamination Policy  
Hand Hygiene Policy  
Standard Precautions Policy  
Waste Policy

**For further advice contact Infection Prevention Team – 02392 684533**

## APPENDIX 14

### Community Staff

#### **Infection Control Guidance for the Management of blood and body fluid spillages within a client's home**

This Infection Control guidance is for use by Solent NHS staff working in a client's home where the general environment and cleaning products available may present difficulties.

Spillages of body fluids may potentially expose health care workers, patients and visitors to pathogenic organisms. Staff must ensure they manage the spillage in as safe a way as possible to minimise risks to themselves or others.

##### Management of body fluids (excluding blood)

1. Allow family member/client to clear spillage if appropriate.
2. Wear disposable gloves and apron or gown. If risk of splashing wear eye protection.
3. Gather available equipment – i.e. plastic bag, paper towels, tissue, detergent and water.
4. Carefully remove bulk of spillage i.e. vomit/faeces etc. using paper towel or pick up directly into waste bag by inverting bag over gloved hand.
5. Clean the area thoroughly with general detergent solution (if available) and warm water.
6. Products such as household bleach must NOT be used on soft furnishings. On other surfaces caution must be taken giving consideration to the surface material involved.
7. Remove PPE, dispose of waste and wash hands thoroughly with soap and water.
8. If staff cannot access soap and water and a clean towel then a moist hand wipe such as Clinell should be used prior to applying hand gel

##### Management of blood spillages

1. Allow family member/client to clear spillage if appropriate.
2. Warning - due to the environment and materials in situ use of high strength Actichlor Plus is not recommended, therefore any potential blood borne virus will not have been neutralised
3. Wear disposable gloves and apron or gown. If risk of splashing wear eye protection.
4. Gather available equipment – i.e. plastic bag, paper towels, tissue, towels, detergent and water.
5. Absorb as much fluid as possible with suitable material such as paper towels, towels etc.
6. Carefully place directly into waste bags. Staff must make a clinical decision if a 'one off' clinical waste pick up is required and arrange this based upon the situation.
7. Clean the area thoroughly with general detergent solution (if available) and warm water.

8. Products such as household bleach must NOT be used on soft furnishings. On other surfaces caution must be taken giving consideration to the surface material involved.
9. Remove PPE, dispose of waste and wash hands thoroughly with soap and water.
10. If staff cannot access soap and water and a clean towel then a moist hand wipe such as Clinell should be used prior to applying hand gel.

#### Warnings and precautions

1. Chlorine Releasing Agents (i.e. Actichlor Plus) must not be used on soft furnishings and are not recommended for patients own homes.
2. Cleaning products provided in patients homes must be used with caution following manufacturers instructions and not mixed
3. Dispose of waste in the HOUSEHOLD waste whilst in a patient's own home unless a clinical waste pickup is already in place. If clinical staff feel it is appropriate a 'one off' clinical pick up can be arranged.
4. Always keep cleaning products out of reach of children, vulnerable adults or pets.

#### **Further information can be obtained from**

Decontamination Policy  
Hand Hygiene Policy  
Standard Precautions Policy  
Waste Policy

**For further advice contact Infection Prevention Team – 02392 684533**

## **APPENDIX 15**

### Glossary

**Environment Agency: (EA)**

**European Waste Catalogue (EWC)**

**Waste Electrical and Electronic Equipment (WEEE)**