

Section V

THE SAFE DISPOSAL OF CLINICAL/DOMESTIC WASTE

The Trust is currently reviewing the requirements of the recent guidelines 'Health Technical Memorandum – Safe Management of Healthcare Waste (HTML 07-01).' This waste policy will therefore be reviewed within the next few months, upon implementation of such guidelines. Minor amendments have been made in the interim.

It is the responsibility of all staff involved with the generation or handling of waste on Trust premises to be aware of the correct management and safety procedures associated with the waste produced.

1 TYPES OF WASTE

Calderdale and Huddersfield NHS Trust have a waste segregation policy, which operates in all areas.

There are currently two main types of waste, **Domestic and Clinical Waste**.

- **Domestic waste** is considered low risk but segregation of the potentially hazardous contents such as glass, aerosols and batteries is important.
- **Clinical waste** is classed as hazardous waste, which has the potential to cause actual harm whether it is to an individual person, the environment and/or the general public. Classification of clinical waste is identified in the following table:

Waste Group	Type of Clinical Waste
Group A	Includes the following items; identifiable human tissue, blood, tissue from hospitals or laboratories. Soiled surgical dressings, swabs and other similar soiled waste. Other waste materials, for example from infectious disease cases, excluding any in Groups B-E.
Group B	Discarded syringe needles, cartridges, broken glass and any other contaminated disposable sharp instruments or items.
Group C	Microbiological cultures and potentially infected waste from pathology departments and other clinical or research laboratories.
Group D	Drugs or other pharmaceutical products.
Group E (Secretions waste)	Items used to dispose of urine, faeces and other bodily secretions or excretions which do not fall within Group A. This includes used disposable bed pans or bed pan liners, incontinence pads, stoma bags and urine containers.

Ref: Environment Agency: Technical Guidance on Clinical Waste Version 2.2 2001.

2 DISPOSAL POLICY

a) Domestic Waste

Place all domestic waste (* except glass or aerosols) into clear plastic bags to be collected by the domestic staff or the hospital porter. The waste is collected by

the Local Authority landfill. **Under no circumstances must clinical waste enter the domestic waste system.**

When 2/3rds full, domestic waste bags should be securely sealed at the neck, before being transferred to the designated area, usually a sluice to await collection by the portering staff.

Domestic waste bags will be changed as part of the domestic routine at least daily. Should bags require changing at other times, this should be done by the relevant clinical staff.

Aerosol cans, batteries, glass and broken crockery must be segregated at ward/ department level and will be collected by the domestics or porters for safe storage prior to collection by the Local Authority.) These must never be placed in any waste bag, especially a yellow bag, which is designated for incinerated. Such items should be placed in a designated cardboard box lined with a plastic bag and is therefore leakproof

b) Catering Waste

Food waste is returned to the main kitchen for central disposal.

c) Clinical Waste

Group A

All human tissue, soiled dressings and swabs, including waste that is contaminated with blood and body fluids, must be placed directly into a yellow clinical waste bag. Clinical waste bins containing the yellow bags must have pedal operated lids. When **2/3rd full** the bag must be securely tied, labelled with ward/department and hospital site. The bag must be **stored in a safe place** away from public access; in most areas the sluice area is used. Most wards/departments have clinical waste wheelie bins (80/20 bins), which **must remain locked** when not in use.

Group B

Syringes, needles, cartridges, glass vials, sharps, contaminated broken glass etc. must be discarded into a yellow sharps container which is clearly marked with the **British safety number 7320** and **UN 3291**. Staff must adhere to the Trust policy on the Safe Use and Disposal of Sharps (Section S, Infection Control Policy Manual). When the sharps container is **2/3 full** the lid must be closed securely. The identification label must be completed to identify user, date and ward/department. The closed bin must immediately be stored in a safe place away from public access prior to collection. eg the sluice. There should be a separate sharps box collection by the porters.

Group C

Laboratory waste, after autoclaving where necessary, should be placed in a yellow clinical waste bag, tied at the neck and placed into the clinical waste wheelie bins provided. These wheelie bins must remain locked when not in use.

Group D

Pharmaceutical Waste includes all medicinal products for internal and external use, vaccines, disinfectants and their containers. These should be disposed of as follows:-

Stock items – empty stock items (including tablet bottles, blister packs and any bottles that have contained liquids) which have been in direct contact with medicines or disinfectants should be placed in a yellow clinical waste bag and treated as clinical waste (Group A).

Unwanted, or expired, stock items should be returned to the Pharmacy in the red stock box. Bulky items may be collected by the Pharmacy by first contacting HRI Ext. 2724 or CRH Ext. 4280. Cardboard boxes, other than outer medicine boxes, can be disposed of as domestic waste.

Medicines labelled with individual patients names – These should be returned to the pharmacy when no longer needed via the Ward Clinical Pharmacist unless they fall into one of the categories below.

Controlled drugs – empty packs of Controlled Drugs should be disposed of as Stock items above. Used, or empty, syringes or IV bags for infusion which have contained Controlled Drugs should be treated as Syringes/Infusions (see below).

Expired Controlled Drugs and those no longer required should be dealt with by the Ward Clinical Pharmacist.

Infusions (bags and syringes) and pre-filled syringes – Used or part-used items in this category should be treated as Group B items.

Cytotoxic drugs – and all the equipment used for their administration including sharps, aprons and gloves must be disposed of separately into a designated cytotoxic waste container. This is a yellow sharps container which is clearly marked with the British Safety Number 7320 and UN 3291 and clearly labelled 'cytotoxic waste'. The container must not be overfilled and must be capable of being fully sealed following use.

Vaccines – expired vaccines, or used vaccine containers, should be disposed of by placing in a yellow sharps container and treated as Group B items.

For the safe use and disposal of pharmaceutical waste, refer to the Trust Medicine Code

Group E

Items used for disposal of urine, faeces and other bodily secretions must be treated as **clinical waste in the hospital** setting.

d) Safe Disposal of Clinical Waste

Please remember the following points:

Yellow bags will be changed as part of the domestic routine at least daily. Should bags require changing at other times, this should be done by the relevant clinical staff.

- Always ensure the **hospital, ward/department** is **visible** on every bag and sharps container.
- Do not overfill bags (no more than 2/3rd full).
- **Segregate** waste correctly – sharps into sharps bins.
- **Never open** a clinical waste bag to examine contents.
- **Never handle spillages** from clinical waste bags without ensuring health and safety issues – see **Universal Infection Control Precautions**).
- **Do not use force to compact waste bags**, this may result in bags splitting.
- **Damaged or leaking bags** must not be moved until the complete bag is placed inside a new bag. Appropriate personal protective clothing must be worn.
- Clinical waste bags should be removed from the ward/dept in the 80/20 wheelie bins where available.

e) **Special Waste**

Some clinical waste is classified as **special waste**

- **Radioactive waste, for examples radioactive drugs, syringes or giving sets containing such products.**

Special Waste Disposal

Radioactive waste is generated within the x- ray department.

Such waste must be placed either in a designated sharps box or a clinical waste bag, then stored in an approved locked, lead lined bin within the department until the radiation is decayed. Levels of radiation should be monitored until they reach background level, then the sharps bin or clinical waste bag should be disposed of in the usual manner.

3 **STORAGE AND TRANSPORTATION OF WASTE**

a) **On the Hospital Site**

All trolleys or vehicles used for the transportation of waste within the hospital site must be smooth and impermeable to prevent any leakage following accidental spillages and allow for adequate cleaning.

They must have acceptable access to allow easy loading and conform to manual handling safety.

b) **Storage of Waste Prior to Collection**

The storage area must be **securely locked** to prevent public access and never be left open if unattended.

Storage area and outside of wheelie bins must be clear of **rubbish and clutter** to prevent vermin and insect infestation.

Storage area must be **hard standing** with cleaning facility accessible. General cleaning with broom and water is adequate; **in the event of spillage please follow the spillage policy in the universal infection control precautions section.**

**Spillage kits must be readily available.
First Aid kits must be readily available.**

Storage area must be adequate to provide **enough space** for removing and exchange of bins.

The wheelie bins will be cleaned by White Rose, if you have any problems with these bins contact the waste manager.

4 CONSIGNMENT NOTES/CONTROLLED WASTE TRANSFER NOTES

Clinical waste, pharmaceutical/cytotoxic waste and radioactive waste must not be removed from site without the appropriate documentation being completed prior to collection by White Rose. In the case of special waste, pharmaceutical waste, radioactive waste pre-notification is required.

Documentation

Clinical waste – For each collection from the site the completion of a consignment note is required, as per Trust Waste Policy. Responsible officer - Estates Manager (Waste) HRI, Ext 2358

Pharmaceutical waste – Requires for each collection from site the completion of a consignment note for the carriage and disposal of hazardous wastes. Responsible person – Pharmacy Operational Services Manager HRI, Ext. 2861.

5 TRAINING REQUIREMENTS

All staff that work in areas where waste is generated will receive instructions on risk assessment involved with waste handling, segregation and storage and disposal procedures, including the need to wear protective clothing.

All staff that may be required to move bagged clinical waste by hand within a particular location will be trained to:

- Know not to overfill or to use their hands or feet to compact waste under any circumstances
- Check that bags are correctly sealed and labelled
- Handle bags by the neck only
- Know the procedure in the case of accidents, spillages
- Check that the seal of any waste is intact after moving
- Report all accidents to their manager promptly and take appropriate first aid precautions

References

1. Environment Agency: **Technical Guidance on Clinical Waste version 2.2/2001.**
2. **Controls of Substances Hazardous to Health (C.O.S.H.H)** 1994
3. Health and Safety at work: **The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (R.I.D.D.O.R)** 1995
4. **The Manual Handling Operations Regulations** 1992
5. **Waste Disposal Policy** 2005 Calderdale and Huddersfield Foundation Trust.
6. **The Safe Use and Disposal of Sharps.** Section S, Infection Control Policy Manual Calderdale and Huddersfield Foundation Trust.
7. **Health Technical Memorandum 07-01:** Safe management of healthcare waste. DOH 2007.
8. **Medicine Code** Calderdale and Huddersfield Foundation Trust Intranet

‘Calderdale and Huddersfield NHS Foundation Trust aims to design and implement services, policies and measures that meet the diverse needs of our service, population and workforce, ensuring that none are placed at a disadvantage over others. We therefore aim to ensure that in both employment and services no individual is discriminated against by reason of their age, race, faith, culture, gender, sexuality, marital status or disability.’

