

# Waste Management Guideline

*The Clinical Policy Group are aware of this policies status, please continue to use this policy as the most recent guidance.*

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*Caring for you, locally*

## CONTENTS

Section	Page
1 Introduction	3
2 Associated policies and procedures	3
3 Aims and objectives	4
4. Scope of the guideline	4
5. Accountabilities and responsibilities	4
6. Waste management definitions, classifications and colour coding	6
7. Colour Coding	8
8. European waste catalogue	17
9. Registration	18
10. Waste transfer notes	18
11. Consignment notes	18
12. Documentation	19
13. Storage of waste/frequency of collection	20
14. Personal protective equipment	21
15. Equality impact assessment	21
16. Training needs analysis	22
17. Monitoring Compliance	22
18. References	23
Appendices	
A Community nursing services assessment for clinical waste	24
B Community wound care waste assessment chart for nursing teams	25
C Transport document	26
D Guidance notes regarding disposal of clinically infected waste	27
E COSHH Assessment	28
F Confidential fax - clinical waste (Frequent collection)	34
G Confidential fax - clinical waste (one off collection)	35
H Classification of medicinal wastes	36
I Community nursing services – safe management of healthcare waste (sharps)	40
J Definitions	41
K Key stakeholders	42
L Equality Impact Assessment Tool	43
M Sign off sheet regarding dissemination of procedural documents	44

## **Guideline Statement**

Locala Community Partnerships (LCP) is committed to effectively manage healthcare waste safely. This guideline reflects best practice and legal compliance in the management of healthcare waste.

### **1. Introduction**

The aim of this guideline is to provide guidance on the safe management and disposal of all types of healthcare waste in healthcare premises and community settings. This guidance ensures the Environmental Agency guidance, The Hazardous Waste Regulations (2005) and the Environmental Protection (Duty of Care) Regulations (1991) is complied with in LCP.

The guidance describes and discusses the following health care waste streams: hazardous, medicinal, offensive/hygiene and domestic. It provides guidance for staff to follow when disposing of and storing health care waste in a patient's home and in a clinical setting. The guideline also outlines the documentation required regarding registration, consignment and transfer notes. The guideline identifies opportunities to improve waste minimisation and reduce the associated environmental and carbon impacts of managing waste.

### **2. Associated policies and procedures**

This guideline must be read in accordance with the following policies, procedures and guidance:

- Hand Decontamination Policy
- Isolation Policy
- Multi Resistant Organism Policy
- Incident Reporting
- Health and Safety Policy
- Decontamination of Reusable Medical Devices Policy
- Use of Disinfectants and Antiseptics Policy
- Standard Precautions Policy
- *Clostridium Difficile* Policy

### **3. Aims and Objectives**

To provide guidance for all LCP staff of the main responsibilities when handling healthcare waste, the correct method of segregation and disposal of Health Care Waste and when registering, and transferring waste ensuring that healthcare activities do not pose a risk or a potential risk of infection and are securely managed.

### **4. Scope of the Guideline**

This guideline must be followed by all LCP employees who handle/dispose of health care waste.

It must be followed by all staff who work for LCP, including those on temporary contracts, bank staff and students.

Breaches of this guideline may lead to disciplinary action being taken against the individual.

Independent Contractors are responsible for the development and management of their own procedural documents and for ensuring compliance with relevant legislation and best practice guidelines. Independent Contractors are encouraged to seek advice and support as required.

### **5. Accountabilities and Responsibilities**

**5.1** The Managing Director will ensure that adequate management arrangements are in place in order to fulfill the organisation's duties.

**5.2** The Director of clinical and operational services is responsible for ensuring effective arrangements for waste management in accordance with the Environmental Protection Act 1990.

- 5.3** Locala Standards Committee will assess and monitor risks and provide advice and support. The Senior Infection Prevention and Control Nurse (SIPCN) is also responsible for the development of the guideline, auditing the management of waste during environmental audits and continually raising awareness through Infection Prevention and Control Training.
- 5.4** All staff must ensure that all healthcare waste is disposed of correctly. All employees have a duty to ensure that they safeguard the health and safety of themselves and others by adhering to LCP waste guideline.
- 5.5** NHS Kirklees Health Property Management is responsible to:
- act as Waste Manager for LCP, providing advice on current legislation, guidance and best practice.
  - coordinate and manage all healthcare waste and waste management activities
  - monitor Contracts
  - organise Waste audits
- 5.6** The Ward Manager, Service Manager or Practice Manager is responsible for ensuring all waste in their area of responsibility is safely and correctly, segregated, handled and disposed of.
- 5.7** The employee generating the waste is responsible for the correct segregation of waste. Where a patient is treated within their home by an employee of LCP, any waste produced is considered to be generated by that healthcare professional and part of the Duty of Care applies to ensure that the waste is dealt with appropriately from production to disposal.
- 5.8** In line with Duty of Care and the Environmental Protection Act requires that pre acceptance audits to be carried out for producers of healthcare waste to ensure waste is effectively segregated. The waste contractor will have to discontinue the

service if the pre acceptance audits are not completed. Pre acceptance audits must be undertaken every twelve months if more than five tons of clinical waste is produced each year. If less than five tons an audit must be completed every two years.

**5.9** Where premises are shared each occupant retains their own responsibility for waste under Duty of Care.

**5.10** The waste contractor is responsible for the safe collection and the disposal of Healthcare waste. They are also responsible for informing NHS Kirklees Health Property Management where there are issues of Local non compliance with hazardous waste regulations and producing returns to the Environment Agency.

## **6. Waste Management Definitions and Classifications**

In England and Wales the mixing of infectious and non infectious waste is prohibited by law. The prohibition on mixing means that the segregation of the different categories of waste is required to meet legal requirements. Although coloured coded waste segregation guides remain best practice. Under duty of care, the producer is legally required to classify and describe their waste. Different wastes have different disposal options; the legal requirement to segregate waste cannot be avoided. Choosing to incinerate everything is not an option.

Waste regulation requires the classification of waste on the basis of hazardous characteristics and point of production.

The following table describes examples of hazardous and non hazardous waste.  
(See Appendix A - Community Nursing Services Standard Operational Procedure for Clinical Waste) in line with regulatory definitions.

<b>Hazardous Waste</b>	<b>Non-hazardous Waste</b>
Clinical infectious waste arising from healthcare activities.	Offensive hygiene healthcare waste.
Cytostatic and cytotoxic medicines	Non medicinally contaminated sharps.
Cytostatic and cytotoxic sharps	Domestic waste
Infectious anatomical waste – no chemicals present	
Infectious anatomical waste – chemicals present	
Other medically contaminated sharps	
Infectious Gypsum	
Infectious waste containing dental amalgam	

NB: dental amalgam, X-ray fixer and developer are not clinical waste, but must be disposed of via special arrangements for segregation.

### **Clinical and Hazardous Waste**

The definition of clinical waste is provided by the controlled waste regulations issued under the Environmental Protection Act. Clinical waste is defined as:

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

Clinical waste can be divided into three broad groups of materials,

- any healthcare waste which poses a risk of infection.
- certain healthcare waste which pose a chemical hazard.
- medicines and medicinally contaminated waste, containing a pharmaceutically active agent.

Hazardous waste is defined as waste of any kind that may be dangerous or difficult to treat, keep or dispose of, that special provisions are required for dealing with it safely.

Hazardous waste is waste that has been classified by the Hazardous Waste Regulations and the List of Waste Regulations.

Waste risk assessment

Infectious waste – waste is classified as infectious waste where:

- it arises from a patient, known or inspected to have an infection, whether or not the causal agent is known and where the waste may contain the pathogen, or
- where an infection is not known or suspected, but a potential risk of infection is considered to exist.

Waste risk assessments must be done on a patient specific basis.

(Refer to Appendix B.)

## **7.0 Colour Coding**

Each container must be labeled in accordance with the details of the legal requirements for transporting and packaging the waste. The container labels must clearly identify the waste type present within. The container must be tagged or labeled so that it identifies the individual producer. In health centres best practice would be to include departmental identifiers.



The tables below show the waste stream bags and receptacle colours

<b>Colour coding – key to segregation</b>	<b>Type of waste</b>
Yellow	Waste which requires disposal by incineration
Orange	Waste which may be treated
Purple	Cytotoxic and cytostatic waste requires incineration
Yellow / black	Offensive hygiene waste, landfill
Red	Anatomical waste for incineration
Black	Domestic (municipal waste) minimum treatment disposal is landfill
Blue	Medicinal waste for incineration
White	Amalgam waste for recovery

Sharps are segregated and disposed of on the basis of their medicinal contamination. The lid colour of the container or whole container is based on this contamination and how the waste must be treated and disposed of.

<b>Separate tables Disposal options for sharps waste</b>	<b>Type of waste</b>
Yellow bin with yellow lid	Incineration – partially discharged sharps, including those contaminated with medicines but not cytotoxic or cytostatic.
Yellow bin with orange lid	Incineration or alternative treatment and the sharps not contaminated with medicinal products.
Yellow bin with purple lid	Incineration sharps including those contaminated with cytotoxic and cytostatic medicines.

### **Domestic waste (municipal) / black stream**

In health care, domestic waste is usually placed in a black or clear bag. Waste is termed “domestic” for ease of understanding, although not produced in a domestic environment it

is the same type of non-hazardous, non-risk waste that would be produced in a domestic environment.

Examples being normal household waste, flowers, paper towels, paper, cardboard, plastic cups, newspapers etc. In a health care setting, packaging, and paper towels are placed in the domestic waste stream.

## **Transporting offensive or infectious waste from patient's homes**

Where waste is generated by a healthcare worker in a patient's home the healthcare worker is responsible for ensuring that the waste is managed correctly, this is part of their Duty of Care.

All health care workers who carry healthcare waste in their vehicles must ensure that they have the authorisation transport document with them during working hours (Appendix C) The community healthcare worker has two options.

### **Option One – collection from the household by a waste contractor**

The householder consents to the storage of the waste for later collection by an appropriate waste contractor. If the householder declines consent the healthcare worker cannot legally leave the waste. LCP and their employees have responsibility for the waste whilst it is being stored and awaiting collection and for arranging that collection. Whilst awaiting collection the waste must be stored in a suitable place, to which pets, children etc, do not have access. Waste cannot be left unsupervised on the pavement awaiting collection. The householder must be provided with the correct containers / packaging to ensure correct disposal.

A consignment note is not required for the movement of hazardous waste from householders.

### **Option two - healthcare worker transports waste**

The healthcare worker producing the waste can transport the infectious or offensive waste from the patient's home back to base where waste collection and disposal arrangements are placed. Local has responsibility for providing suitable equipment.

Infectious waste stored in an orange bag, must be placed in a UN approved transport container and transported by the Health Care Staff member who handled the waste to NHS Kirklees premises.

Examples of infectious waste include specialist dressings i.e. silver, dressings from patient

with a known infection i.e. wound looks clinically infected and the dressing has a large amount of visible exudate, drains that do not have protruding edges, offensive hygiene waste from a known infected patient /client and/or heavily contaminated with blood and/or faeces.

Appendices D and E provide information on the disposal of infectious waste in the home.

If the offensive hygiene waste is extensively soiled, i.e. patient has diarrhoea and/or the quantity of infectious waste exceeds two carrier bags i.e. will not fit into the transport container, arrangements for SRCL to collect from the patients home must be organised by the community member of staff. A confidential fax clinical waste request form must be completed by the team leader and faxed to 0113 3918520 (Refer to Appendices F and G).

### **Infectious waste / yellow stream**

The yellow infectious waste stream is used for waste that is infectious but has an additional characteristic, this means disposal must be by incineration. Examples are:

- anatomical waste,
- chemically contaminated samples and diagnostic kits (does not include glucose monitoring or urine testing dip test stick.
- medicinally contaminated infectious waste
- Category A pathogens.

### **Anatomical waste red lidded receptacles**

Anatomical waste which includes recognisable body parts and placenta requires disposal by incineration. The waste must be placed in a yellow UN approved rigid container with a red lid and clearly labelled.

### **Infectious waste / orange stream**

Infectious waste is waste known or suspected to contain pathogens classified in Category B as specified in Carriage Regulations. Orange stream infectious waste is hazardous waste. Waste should be assessed for infectious properties.

- Does the waste arise from a patient who is known or suspected to have a disease / infection caused by a micro organism or toxin.
- Waste from wound infections, hygiene products from patients with urinary tract infections.
- Waste from patients with influenza or other respiratory infections.
- Waste contaminated with body fluids from patients with known or suspected microbial disease.

A risk assessment must be performed based on the professional assessment of clinical signs and symptoms and any prior knowledge of a patient. The usual contaminants associated with typical items of healthcare waste are blood and body fluids. Examples of typical waste from patient's home:

- Healthcare visits, post operative wounds that are infected.

Infectious liquid waste should be placed in a rigid leak proof receptacle for disposal.

### **Patients on haemodialysis and peritoneal dialysis under the care of Leeds Teaching Hospitals (LTHT)**

A representative from LTHT will ensure that the information about patients (Kirklees residents) to be discharged home, who will be generating infectious waste is disseminated to a representative in Health Property Management for a waste collection to be arranged by SRCL.

### **Medicinal Waste**

Waste medicines are classified both by chemical properties and by source. Classification by chemical properties divides medicines into cytotoxic and cytostatic (hazardous clinical waste) and other which is non hazardous. The BNF is not used for waste classification. Waste medicines that are not cytotoxic or cytostatic are normally clinical waste but are not hazardous waste. This waste needs to be properly identified to ensure that the waste contractor knows what they are handling and to ensure that the waste does not interact if mixed and must be kept separate until collected by the waste contractor. For medicines in

aerosol form advice may need to be sought from the waste contactor. Medicines must not be removed from the inner layer of packaging eg, blister strips.

### **Non sharps medicinal waste**

Medicinal waste encompasses licensed medicinal products of any type and residuals in bottles, vials and ampoules that are not sharp. This waste must be disposed of in a yellow bin with a blue lid.

Medicinal wastes are listed in both Chapter 18 (Healthcare waste) and Chapter 20 (municipal waste) of the European Waste Catalogue EWC. The EWC differentiates between cytotoxic and cytostatic medicines and all other medicines. (Refer to Appendix H.) See

### **Hazardous medicinal waste**

Only cytotoxic and cytostatic medicines are considered to be hazardous waste.

This waste must be disposed of in a yellow bin with a purple lid. Disposal of liquid medicinal waste needs to be separated from solid medicinal waste in separate labelled receptacle.

See Appendix H for the list of cytotoxic / cytostatic drugs or contact Medicines Management on: 01924 351616/351525

### **Sharps non medicinal**

An orange lidded sharps container must be used for sharps that are not contaminated with medicines eg, phlebotomy.

## **Sharps medicinal waste**

Sharps are segregated and disposed of on the basis of their medicinal contamination. The lid colour of the container or whole container is based on this contamination and how the waste must be treated and disposed of.

Medicinally contaminated syringes, needles and broken glass medicinal ampoules are considered to be sharps and need to be disposed of in a sharps bin.

A yellow bin with a yellow lid (UN 3291 approved) must be used for all sharps contaminated with non cytotoxic / cytostatic medicines.

A yellow bin with a purple lid (UN 3201 approved) must be used for all sharps contaminated with cytotoxic / cytostatic medicines.

Refer to appendix I Community Nursing Services Safe Management of Healthcare Waste (Sharps)

Sharps disposed of in a patients home must be placed in the appropriate coloured sharps bin and then into a secondary UN 3219 approved transport container.

## **Out of date medicines**

In most situations the patient must be encouraged to return these to a pharmacy. However, in situations where this cannot take place the Health Care Worker can accept them and they must be placed into one of the above waste streams.

## **Sharps waste**

Sharps boxes must be sealed and collected when three-quarters full. If the sharps box is seldom used, it must be collected after a maximum of three months regardless of the filled capacity.

Where the healthcare worker generates sharps in the home environment, they must ensure they are disposed of correctly and safely. It is not acceptable for clinicians to mix sharps with non-cytostatic / toxic drugs in one UN-approved container.

- they are in UN-approved containers; and
- they carry a transport document with the sharps container (Appendix D)

See Appendix J for community nursing services standards operational procedure for safe management for healthcare waste (sharps).

### **Offensive hygiene waste arising from healthcare**

Offensive hygiene waste is healthcare waste which meets the following criteria:

- it is not clinical waste
- it is not dangerous for carriage
- the producer has identified that it is suitable for disposal at a non hazardous landfill site without further treatment.
- it may cause offence to those coming into contact with it.

Offensive hygiene waste includes waste previously described as human hygiene waste and Sanpro waste.

In cases where the human hygiene waste outlined above is from a patient / client with a known or suspected infection ie, they have offensive diarrhoea and / or their wound dressings are heavily contaminated with pus and / or blood, their waste must be placed into the infectious waste stream.

Feminine hygiene bins will be provided in all Locala premises for the disposal of offensive waste. If the quantity is less than 7 kilograms in a collection interval, nappies can be placed in a nappy sack and then disposed of as domestic waste.

Offensive hygiene waste may be collected by the Local Authority from a patient's home.

## **Disposing of disposable instruments**

Contaminated single use plastic or wood instruments where there is no risk of sharps and are categorized as infectious can be disposed of as infectious waste in the orange bag waste stream.

Single use metal instruments where there is no risk of sharps and are categorised as infectious must be placed into a rigid yellow container for incineration. Where the instruments are deemed to be non infectious they must be sent for disposal as offensive hygiene waste. Non infectious metal instruments must be sent for metal reclamation and recovery where available. Single use instruments cannot legally be disposed of in the domestic waste stream.

## **Self medicating patients and sharps disposal**

For self medicating patients who use injectables with no healthcare worker involved in the administration, the GP, or healthcare worker must prescribe the householder a sharps container relevant to the type of medication being administered and advise them of the disposal options. The householder must be trained in how to use the sharps container to ensure they understand its use and ensure it is correctly sealed and labelled. Once the sharps container is filled to the filled line it must be sealed and returned to the GP practice or arrangements for collection by the local authority.

## **Stoma / catheter bags**

Healthcare workers in the patient's home involved in the care of a stoma site, the waste from the stoma patient can be disposed of in the domestic waste stream. However, if large quantities of waste are produced then this becomes offensive hygiene waste for disposal in the yellow black bags. If the person develops gastrointestinal infection or the site becomes infected the bag needs to be disposed of as infectious waste into the orange bag waste stream. If the householder undertakes their own stoma care they are able to dispose of their own waste into the black bag waste stream.



## **Maggots**

All maggots used for wound management must be disposed of in a rigid yellow container or double bagged in yellow bags and marked as UN 3291.

## **Teeth**

As the disposal of teeth is unlikely to cause offense, dental practitioners may treat this as non anatomical infectious waste. Non amalgam teeth and spicules are to be placed in the yellow lidded sharps containers. Teeth containing amalgam must be segregated and sent for appropriate recovery / disposal.

## **Fixer and developer**

Fixer and developer are classified as hazardous waste Fixer and developer would be sent to a suitably licensed or permitted waste facility for material recovery. If recovery is not appropriate they must be treated or incinerated at suitably licensed or permitted facilities.

## **Amalgam waste**

Amalgam waste must be placed in a rigid white receptacle with a mercury suppressant. Amalgam waste must be sent to a suitable licensed or permitted waste management facility where the waste undergoes a mercury recovery process prior to final disposal.

## **8. European Waste Catalogue**

Regulatory changes require producers to adequately describe their waste using both a written description and the use of the appropriate European Waste Catalogue (EWC) codes(s).

The EWC is a list of wastes produced by the European Commission in accordance with the European Waste Framework Directive (75/442/EEC) to provide common terminology

for describing waste throughout Europe.

Within each chapter, wastes are described using 6 digit numerical codes, the first two digits of the code relate to the EWC chapter, the second two digits relate to any sub-grouping within the chapter, and the final two digits are unique to the waste.

## **9. Registration**

Sites which are producers of hazardous waste are required to register with the Environment Agency if they produce 500 kilograms or more of hazardous waste per year.

Only certain premises that produce less than 500kg of hazardous waste per year are exempt. Therefore all PCT sites as of July 2005 are registered to the Environment Agency and are allocated a site code which is required to complete the consignment notes. Domestic waste requires an annual block transfer note which the Health Property Management arranges and/or coordinates.

## **10. Waste Transfer Notes**

The annual controlled Waste Transfer note, allows waste to be transferred from one party to another. The Controlled Waste Transfer Note covers all movements of a regular consignment of the same waste between the same parties. A transfer note must state the quantity of waste transferred, how it is packed, the type of receptacle and a description of the waste.

A member of staff in each premise must be appointed to be responsible for the controlled Waste Transfer Note and consignment notes and these must be kept for two years.

## **11. Consignment Notes**

Consignment notes are 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. Waste producers

must complete hazardous / special waste consignment notes for a minimum of three years from the date of waste collection.

The layout and content of a Hazardous Waste Consignment Note is specified in the Hazardous Waste Regulations 2005. The waste contractor will assist in the completion of the consignment note. However, the consignor (the practitioner who produces the waste) has a responsibility to ensure the information is correct to ensure the waste stream is compliant and is treated correctly.

The waste consignment note requires the following information:

- The European Waste Catalogue Codes
- A written description of the waste
- Information about the hazardous nature of the waste and if applicable each hazardous substance (this may involve attaching supplementary sheets to consignment notes)
- Information about the number of waste containers, colour and size

The monthly return is the responsibility of the contractor. A fee is charged for consignment notes relating to hazardous and special waste.

Waste contractors also have a duty to notify the Environment Agency on a quarterly basis regarding the amount of hazardous waste collected, treated and disposed of. The Environment Agency will then charge the contractor in line with the information that they provide.

## **12. Documentation**

A copy of the hazardous waste consignment note will be left at the base. It is the responsibility of the service manager to specify where in the health centre/clinic the copy of the consignment note will be filed. The organisation could be audited by the Environment Agency at any time therefore clinical staff must know where the hazardous waste consignment notes are filed.

A copy of the hazardous waste consignment note is to be kept for three years including any other associated paperwork, including contractor returns.

Maintaining all consignment notes and correspondence supports waste audit. Audits provide useful information on the composition of waste produced and the results may be used to identify appropriate re-use or recycling options and opportunities to minimise waste by amending purchasing policies and compliance with regulatory standards.

### **13. Storage of Waste / Frequency of Collection**

- The storage location for hazardous / infectious waste awaiting collection must be secure and lockable and not accessible to the public. Access to these storage facilities must be limited to those responsible for handling, transporting or disposing of waste.
- In health centres the *orange* bags, when labelled, must be taken to the compound and placed into a suitable dedicated container. At all times where manual handling is involved the necks of the bags must be positioned (tied) to allow subsequent movement to be undertaken safely.
- If trolleys and carts are used for the movement of waste within the premises these must be designed and constructed so that the surfaces of the conveyance are smooth and impermeable; they do not offer harbourage to insects, can be easily cleansed and drained and will allow the waste to be handled without difficulty.
- Hazardous/infectious waste must be removed as frequently as circumstances demand. The collection period must be no less than once a week. Whilst awaiting removal it must be situated in a separate area of adequate size related to the volume of production, and frequency of collection. It must be sited on a well drained, impervious hard stand, kept secure from unauthorised persons, domestic animals, birds, rodents and insects, and accessible to collection vehicles.
- Staff are required to risk assess any dangers to their own safety and security regarding waste management.
- Receptacles/sacks must be replaced at minimum daily or when sacks are three quarters full.

## **14 Personal Protective Equipment**

People who handle the filled waste bags requiring disposal must be made aware of the hazards of handling hazardous waste.

- The hazard most likely to endanger health is injury through a sharp such as a hypodermic needle which may have been wrongly disposed of into a bag instead of the correct sharps container.
- When moving sacks they must be held by the closure end only and heavy duty gloves worn to protect the hands. Gloves must also be worn when handling sharps containers.
- To protect the feet against bags or containers that might be accidentally dropped, sturdy shoes must be worn. The soles of such footwear will also offer protection in the storage areas where the spillage of sharps must be guarded against.
- Body contact with bags of clinical waste must be avoided. If there is the slightest risk of brushing bags against clothing when being transferred then an industrial apron or leg protectors will need to be worn.
- Careful consideration must be given by all staff to the methods used for transferring waste at all stages of the disposal route, so that the risk of injury is reduced to a minimum.
- Where there is a risk of contamination with blood or body fluids or if cleaning up spillages, protective clothing must be used. This will include disposable gloves and disposable apron / overall.

When an accident occurs involving sharps or contamination of blood or body fluids, however small, the management of a blood borne virus policy must be put in place. It must be reported to the individual's immediate Line Manager and an incident form completed. If possible the item causing the injury should be safely retained in order to help in identifying the risk.

## **15. Equality Impact Assessment**

This guideline has been assessed for the potential adverse impact as set out in Appendix L. The guideline has not identified an impact.

## **16. Training Needs Analysis**

Service managers have a responsibility to ensure that all staff are trained to handle all types of waste and implement these waste guidelines. All staff that may be required to move bags of hazardous/infectious waste by hand within a particular location must be trained to:

- Check that the storage bags are effectively sealed
- Handle the bags by the neck only
- Know the procedure in the case of accidental spillage and to report accidents
- Check that the seal of any storage bag is unbroken when movement is complete
- Ensure that the origin of the waste is clearly marked on the bag and appropriately labelled in accordance with EWC
- Understand the special problems related to sharps disposal.

## **17. Monitoring Compliance**

**Key indicators for the monitoring of the waste management guideline:**

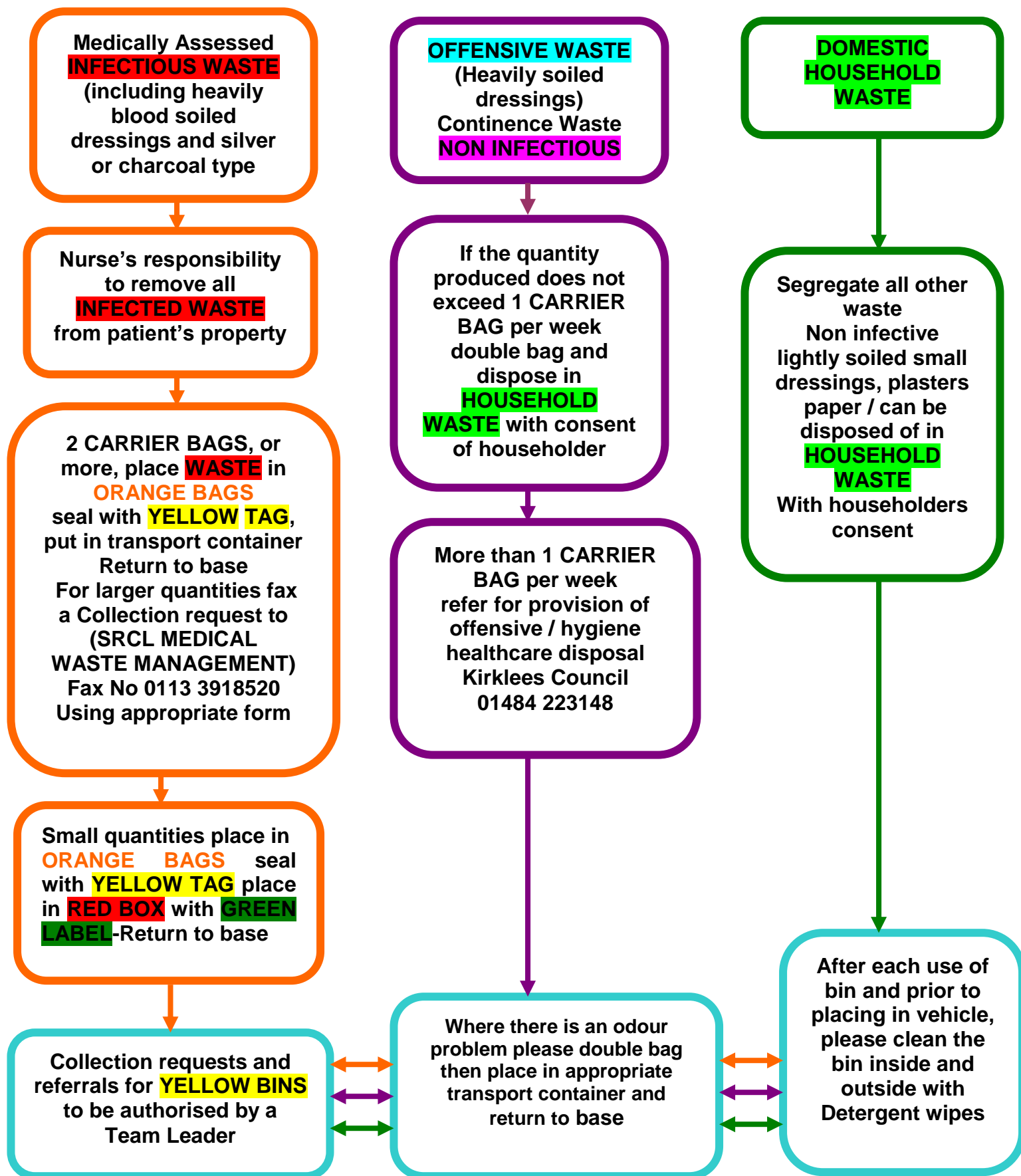
- Percentage of incident reports identifying incorrect segregation of healthcare waste
- Essential steps audits and sharps disposal
- Environmental infection prevention and control audits which includes adherence to the guideline.

## 18. References

- Safe management of healthcare waste 2011, Department of Health
- Environment Agency 2003 Hazardous Waste Interpretation of the definition and classification of hazardous waste. Environment Agency Bristol
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- Manual handling in the health services 1998 HSE Books ISBN 07176 12481
- The Carriage of Dangerous Goods and Use of Transportable Pressure Equipment Regulations 2004 SI 2004 No 568
- The Controlled Waste Regulations 1992 SI 1992 No 588
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- The Hazardous Waste (England and Wales) Regulations 2005 SI 2005 No 894
- The Personal Protective Equipment at Work Regulations 1992 SI 1992 No 2966
- The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995: Guidance for employers in the healthcare sector Health Services Information Sheet HSIS! HSE Books 1998.
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- Health and Social Act 2008 Code of Practice on the prevention and control of infection and related guidance 2010. Department of Health.

## APPENDIX A

### Community Nursing Services assessment for Clinical Waste





### Community Wound Care Waste Assessment Chart for Nursing Teams

#### Community Nursing Services Standard Operational Procedure

The following assessment is based on the Delphi process of identifying wound infection in six different wound types (European wound management association 2005)

Signs and symptoms of infection	Probability of wound being infected	Disposal route
Presence of erythema/Cellulitis	HIGH	ORANGE BAG/INFECTIOUS WASTE STREAM
Presence of pus/abscess Or wound is producing an increased purulent exudate	HIGH	ORANGE BAG/INFECTIOUS WASTE STREAM
Pungent smell to wound	HIGH	ORANGE BAG/INFECTIOUS WASTE STREAM
Increased pain to wound	HIGH	ORANGE BAG/INFECTIOUS WASTE STREAM
Is the patient on current antibiotic treatment for infection in the wound?	If yes, HIGH	ORANGE BAG/INFECTIOUS WASTE STREAM
Presence of abnormal amount of blood	HIGH	ORANGE BAG/INFECTIOUS WASTE STREAM
Is the wound not healing as it should, or has healing been delayed?	If yes to either, MEDIUM	ORANGE BAG/INFECTIOUS WASTE STREAM
Are you thinking of swabbing for infection?	If yes, MEDIUM	ORANGE BAG/INFECTIOUS WASTE STREAM
Has there been an increase in skin temperature?	If yes, MEDIUM/HIGH	ORANGE BAG/INFECTIOUS WASTE STREAM

This is not an exhaustive list of signs and symptoms of wound infection and different types of wound will present differently.

## **TRANSPORT DOCUMENT**

**(Provided in compliance with the Carriage of Dangerous Goods and Use of Transportable Pressure Equipment Regulations 2004)**

The person in charge of this vehicle is a Community Healthcare Professional, acting for Locala Community Partnerships, who travels extensively in the area providing home treatments for patients.

**Articles and substances carried on the vehicle are outputs from patient treatments. They are listed in The Carriage of Dangerous Goods and Use of Transportable Pressure Receptacles Regulations 2004 and identified for transport purposes as;**

**UN3291 Clinical Waste, Unspecified, N.O.S. (health care risk waste), 6.2, II being conveyed to a Waste Transfer Station for safe end disposal.**

**UN3291 Clinical Waste, Unspecified, N.O.S. (pathogen infected medical instruments), 6.2, II being conveyed to a Sterilisation Centre for cleaning and further use.**

**UN3373 Diagnostic Specimens being conveyed to a Laboratory for analysis.**

**Volumes carried will be variable day to day but not expected to exceed 20 kilograms in aggregate.**

**It is certified by Locala Community Partnerships that containment of these articles and substances meet the technical standards listed in the Regulations;**

**UN3291 – Packing Instruction 621      UN3373 – Packing Instruction 650**

**In the event of incident involving this vehicle, an Emergency Services representative is requested to advise Locala by contacting;**

**The Governance team on 01924 351639**

**‘LOAD NOT EXCEEDING THE EXEMPTION LIMITS PRESCRIBED IN 1.1.3.6 OF ADR’**

## **APPENDIX D**

### **GUIDANCE NOTES REGARDING DISPOSAL OF CLINICALLY INFECTED WASTE**

**These notes refer to handling waste from a wound or situation that has been identified as infected by:-**

- Microbiological sampling
- The dressing contains silver/charcoal
- Clinical judgement (please see Community Wound Care Waste Assessment chart for Nursing Teams)

Where the quantity of clinically infected waste generated exceeds two carrier bags or will not fit into either the red or silver transport containers, the following process to request collection is in place:-.

1. Complete a confidential fax clinical waste request form with all relevant details, fax the request to SRCL Waste Management on 0113 3918520.
2. Please be aware from receipt of the request, SRCL require a maximum of seven days to arrange collection from a new site. In normal circumstances this will actually be significantly less than seven days.
3. This will involve leaving the waste at the patients home for collection and, although SRCL would prefer to collect from outside, we cannot ask clients to actually leave any waste outside unless there is an appropriate bin present. All waste must be labeled with DN Team details and the description "hazardous waste".

**COSHH ASSESSMENT**

Infectious clinical Waste- community only

A COSHH Risk Assessment is the process where staff-members are asked to take a careful look at the situations they are involved with at work and identify the risk arising from tasks that involve substances hazardous to health.

This is a **PROACTIVE** approach intended to prevent adverse incidents by good management.

<b>SUBJECT</b>	<b>Waste (Clinical)</b>
<b>VERSION:</b>	3.0
<b>DATE:</b>	1 <sup>st</sup> February 2008
<b>Last REVIEW</b>	24 <sup>th</sup> August 2011
<b>Next Review</b>	24 <sup>th</sup> August 2013

**PART 1: ASSESSOR DETAILS:**

<b>NAME:</b>	Chris Bedford
<b>JOB TITLE:</b>	Health and Safety Risk Manager/SMS
<b>LOCATION:</b>	Beckside Court
<b>Contact Details:</b>	01484 464038

<b>NAME:</b>	Sheena Kelly
<b>JOB TITLE:</b>	Senior Infection Prevention and Control Nurse
<b>LOCATION:</b>	Princess Royal
<b>Contact Details</b>	01484 344305

**PART 2: DESCRIPTION: (The situation where the risk is arising):**

CLINICAL ☒ NON CLINICAL ☐

**PART 2.1: DESCRIBE THE TASK**

This assessment covers all clinical staff producing clinical waste materials whilst undertaking work of a clinical nature as a part of their normal duties on behalf of Locala Community Partnerships. It also covers anyone affected by our undertakings and the transportation and disposal of any such waste. The work is normally undertaken in a patient's home and the waste generated is transported to a point of disposal by the member of clinical staff.

**PART 2.2:HAZARDOUS SUBSTANCES INVOLVED**

Common Name	Chemical Name	Hazard Type	Risk (H,M,Low)
Dressing	N/A	Infectious	High
Drains	N/A	Infectious	High
Infectious Waste	N/A	Infectious	High
Offensive Infectious hygiene waste	N/A	Infectious	High
Sharps waste	N/A	Infectious	High
Dressings			

Specialist i.e. silver dressings  
 Dressings with large amounts of visible exudate/ blood  
 Dressing from a patient with a known infection (only if dressing has visible exudate)  
 Dressings from a wound that is thought to be infected following wound assessment

### **Drains**

All drains must be disposed of as infectious waste, they must not have protruding sharp edges

### **Offensive Infectious hygiene waste**

Incontinence pads, incontinence aids etc. where the patient has a known or suspected gastrointestinal and/or urinary infection.

### **Sharps**

All used sharps i.e. phlebotomy and injections

<b>MSDS Ref:</b>	<b>Not Applicable in this case</b>
------------------	------------------------------------

## **PART 3: RISK GROUPS**

### **3.1: STAFF:**

Locala Community Partnerships staff ( Including Community Nurses, CaSH staff, Podiatry staff, Health Care assistants, Community matrons, TB nurses and Therapy staff etc )

#### **3.1.1: WHAT HARM IS LIKELY TO OCCUR?**

Transference of any infectious agent from patient to staff member using the patient's waste as a vector

### **3.2: PATIENTS:**

Patient to Patient

#### **3.2.1: WHAT HARM IS LIKELY TO OCCUR?**

Transference of any infectious agent from patient to patient using the patient's waste as a vector

### **3.3: OTHERS:**

Patient to others, including the Refuse Collection Service, the Approved Waste Contractor  
 Transference via the car to family members of the staff (including Children, elderly and pets).  
 Transference to Emergency Workers if the vehicle is involved in an accident.

#### **3.3.1: WHAT HARM IS LIKELY TO OCCUR?**

Transference of any infectious agent from patient to other

### **3.4: PROPERTY, EQUIPMENT OR ENVIRONMENT:**

Vehicle  
 Medical Equipment or clothing  
 Inappropriately disposed of in environment.

#### **3.4.1: WHAT DAMAGE OR LOSS IS LIKELY TO OCCUR?**

Cost in time and money as the contaminated item would need to be professionally cleaned/sterilized.  
 Cost to contract Professional Waste Removal to clean-up inappropriately discarded items.  
 Possibility of fines and associated costs  
 Loss of reputation.

## **PART 4: EXISTING CONTROLS ALREADY IN PLACE TO MANAGE THIS RISK:**

**COMPLIANCE:**

Health & Safety at Work etc ACT (1974)  
Control of Substances Hazardous to Health Regulations 2002  
Environmental Protection Act 1990  
Waste Regulations 2005

**POLICIES:**

Health and Safety (COSHH) Policy,  
Waste Management Guideline  
Standard Precaution Policy  
Management of Clinical Sharps Injuries Exposure & High Risk Fluids Policy

**STAFF TRAINING**

Trained COSHH Assessors  
Waste Management Training  
Road-shows  
Mandatory Infection Control Training  
Induction.

**PROCEDURE OUTLINE:**

Items are to be contained in an orange bag (infectious waste bag) and placed into a red transport box/DANIELS™ Community Nursing Container. Nominal capacity 7litres. The above items are classified as dangerous goods for carriage under statutory legislation called The Carriage of Dangerous Goods and Use of Transportable Pressure Equipment Regulations 2004. This governs the safe packaging, labeling and stowage of items deemed to be dangerous goods for transportation on public roads and highways.

This is an ideal container for community healthcare professionals who need to have a suitable container to hold small quantities of clinical waste, sharps and 'dirty' medical instruments, items produced in the course of their everyday roles.

The container is supplied with two removable dividing inserts creating up to three separate compartments. These could hold both small sharps packaging and/or small cytotoxic/cytostatic packaging that will fit into the compartments at either end.

In this way the DANIELS™ Community Nursing Container will assist with the segregation of waste as required by the Hazardous Waste regulations 2005. The container has a fully removable lid, which is secured by four easily operated clips ready for transportation. The 7-litre container Community Nursing has been UN performance tested to meet all the requirements of Packaging Instruction 621 and is, therefore, suitable for clinical waste assigned to **UN3291**.

**PPE:**

Aprons and gloves must be carried in the healthcare practitioners transport.

**CLEANING:**

The box must be cleaned weekly using a neutral detergents (e.g.Hospec) and hot water or detergent wipes.

**EMERGENCY PROCEDURE:**

In the event of a spillage in transit, PPE must be worn and the spillage mopped up with paper towels from the staff hand hygiene pack, this must be followed by cleaning the areas with a detergent wipe. However if at all possible the healthcare practitioner should wait until they return to their base and use the emergency spillage kit there to clean the box. It is the responsibility of the Community healthcare professional to replenish the emergency spillage kit, PPE and their hand hygiene via NHS supply chain.

**FIRST AID:**

Immediately following any exposure whether or not the source is known to pose a risk of infection. Make sure proper First Aid has been carried out.

- A.** Puncture/sharps wounds Encourage free bleeding of accidental puncture wounds by gentle squeezing. Wounds must NOT BE SUCKED. Wash thoroughly with soap and water. Dry and apply a waterproof plaster
- B.** Eye contamination Irrigate the eye(s) for several minutes with water /saline for irrigation or warm tap water. Wearers of contact lens must remove them immediately from the affected eye(s) and irrigate copiously with water, before and after removal. The lens must not be replaced until advice is sought.
- C.** Contaminated skin, wash with soap and warm water.
- D.** Mucosal contamination, treat mucosal surfaces such as mouth or nose by rinsing with warm water or saline. Water used for rinsing the mouth must not be swallowed.

**Compliance with these basic rules:**

- reduces the risk of leaks, spillages and damage to items caused during transit improving the safety of all personnel involved in the handling process
- ensures that items being transferred can be correctly identified
- gives vital information to the emergency services who attend the scenes of accidents / incidents that may involve a vehicle carrying the dangerous goods.

## PART 5: ASSESSMENT OF ADEQUACY – (RISK FACTOR)

Where a risk is identified LCP will use the following NHS standard tool to give that risk a weighting.

It is our duty to manage risk down to the lowest practicable level. If the score is in the red then immediate action **MUST** be taken to manage that level of risk.

		IMPACT				
		5	10	15	20	25
LIKELIHOOD	5	5	10	15	20	25
	4	4	8	12	16	20
	3	3	6	9	12	15
	2	2	4	6	8	10
	1	1	2	3	4	5

Likelihood:  
 1. Unlikely  
 2. Slight Chance  
 3. Possible  
 4. Very Likely  
 5. Certain

Severity  
 1. No Harm, Injury or Damage  
 2. Low -  
 3. Moderate –  
 4. Severe –  
 5. Catastrophic

Very High – you must immediately inform your director or the director on-call.  
 Med-Low: - you must immediately inform your manager

VERY HIGH  
 MEDIUM-LOW  
 VERY LOW

### 5.1: INITIAL RISK FACTOR:

Likelihood	<i>Multiplied by</i>	Impact/Severity	<i>Equals</i>	Risk Factor
<i>Value 1</i>	X	<i>Value 2</i>	=	<b>2</b>

Is this level of risk acceptable? YES ☒ NO ☐

If **YES** go to Part 6: otherwise continue



<b>5.2: RECOMMENDED ACTIONS:</b> To remove or further control the risk.		

<b>5.3: Responsible Person</b>	<b>Contact No.</b>	<b>Agreed Action by Date:</b>	<b>Completed by:</b>

<b>5.4: REVISED RISK FACTOR FOLLOWING ACTIONS</b>				
Likelihood	<i><b>Multiplied by</b></i>	Impact/Severity	<i><b>Equals</b></i>	Risk Factor
<i><b>Value</b></i>	<b>X</b>	<i><b>Value</b></i>	<b>=</b>	

Is this level of risk now acceptable? YES ☐ NO ☐

If not continue the process or refer to the Risk Management Overview Group.

PART 6: ASSESSMENT APPROVAL:	
Approved By: _____ Designation: Director Date: _____ Review Date: _____	

**CONFIDENTIAL FAX – CLINICAL WASTE**

Date: \_\_\_\_\_ Time: \_\_\_\_\_

To: SRCL Mediguard (Waste Management)

Fax number 0113 3918520

From: (fax number) \_\_\_\_\_. Telephone: \_\_\_\_\_

**PLEASE COMPLETE THIS FORM IN FULL AND COMPLETE REFERRER DETAILS PRINTING CLEARLY.**Account Number **9003982**

- 1. Commence collection of clinical waste type/ EA code 18.01.03**  
(waste whose collection and disposal is subject to special requirements in order to prevent infection)

**Frequency** \_\_\_\_\_

Patient Name:	
Patient Address:	
Postcode:	Tel:

- Please confirm that only bagged waste will be generated YES/NO

**Referrer details**

Name:	Telephone:
-------	------------

**CONFIDENTIAL FAX – CLINICAL WASTE**

Date: \_\_\_\_\_ Time: \_\_\_\_\_

To: SRCL Mediguard (Waste Management)

Fax number 0113 3918520

From: (fax number) \_\_\_\_\_ Telephone: \_\_\_\_\_

Account Number **9003982****PLEASE COMPLETE THIS FORM IN FULL AND COMPLETE REFERRER DETAILS PRINTING CLEARLY.****2. One off collection of clinical waste type/ EA code 18.01.03**

(waste whose collection and disposal is subject to special requirements in order to prevent infection)

Patient Name:	
Patient Address:	
Postcode:	Tel:

- Please confirm that only bagged waste will be generated YES/NO

**Referrer details**

Name:	Telephone:
Designation:	Fax:

The information contained in this fax message is intended only for the use of the individual to whom it is addressed and may contain information which is privileged and confidential, the disclosure of which is prohibited by law. If the reader of this message is not the intended recipient, please note any dissemination, distribution or copying of this communication is strictly prohibited. If you have received this communication in error, please notify the sender immediately.

## Appendix C Classification of Medicinal Wastes

All medicinal wastes displaying the hazardous properties:

- H6 (toxic),
- H7 (carcinogenic),
- H10 (toxic for reproduction) and
- H11 (mutagenic)

above the thresholds described in the Joint Agencies Hazardous Waste guidance (WM2) should be classified as cytotoxic and cytostatic waste.

The table below shows a list of cytotoxic and cytostatic medicines. It should be noted that this list is provided as a guide and is not comprehensive. Further guidance should be sought from the dispensing pharmacist.

Drug Name	Commercial Name
Aldesleukin	Proleukin
Alemtuzumab	MabCampath
Alitretinoin	
Atretamine	
Amsacrine	Amsidine
Anastrozole	Arimidex
Arsenic trioxide	
Asparaginase	
Azacitidine	
Azathioprine	Imuran
Bacillus Calmette-Guerin	ImmuCyst; OncoTICE
Bexarotene	Targretin
Bicalutamide	Casodex
Bleomycin	Bleomycin
Busulfan	Busilvex; Myleran
Capecitabine	Xeloda
Carboplatin	Paraplatin; Carboplatin
Carmustine	BiCNU; Gliadel
Cetorelix acetate	
Chlorambucil	Leukeran
Chloramphenicol	Kemicetine; Chloramphenicol
Choriogonadotrophin alfa	Ovitrelle
Cidofovir	Vistide
Cisplatin	Cisplatin
Cladribine	Leustat

Colchicine	Colchicine
Cyclophosphamide	Endoxana; Cyclophosphamide
Cytarabine	DepoCyt; Cytarabine
Cyclosporin	Neoral; Sandimmun
Dacarbazine	DTIC-Dome; Dacarbazine
Dactinomycin	Cosmegen Lyovac
Daunorubicin HCl	DaunoXome; Daunorubicin
Denileukin	
Dienestrol	
Diethylstilbestrol	Diethylstilbestrol
Dinoprostone	Proress; Prostin E2
Docataxel	Taxotere
Doxorubicin Hydrochloride	Caelyx
Dutasteride	Avodart
Epirubicin Hydrochloride	Pharmorubicin
Ergonovine/methylegonovine	
Estradiol	Numerous
Estramustine phosphate	Estracyt
Oestrogen-progesterone combinations	Several
Oestrogens	Several
Estrone	Hormonin
Estropipate	Harmogen
Etoposide	Etoposide; Etopophos; Vepesid
Exemestane	Aromasin
Finasteride	Proscar
Floxuridine	
Fludarabine	Fludara
Fluorouracil	Fluorouracil; Efudix
Fluoxymesterone	
Flutamide	Flutamide; Drogenil
Fulvestrant	Faslodex
Ganciclovir	Cymevene
Ganirelix	Orgalutran
Gemcitabine	Gemzar
Gemtuzumab ozogamicin	
Gonadotrophin Chorionic	Choragon; Pregnyl
Goserelin	Zoladex; Zoladex LA
Hydroxycarbamide	Hydrea
Ibritumomab tiuxetan	
Idarubicin	Zavedos
Ifosfamide	Mitoxana
Imatinib mesylate	Glivec
Interferon alfa	
Irinotecan HCl	Campto
Leflunomide	Arava
	Femara

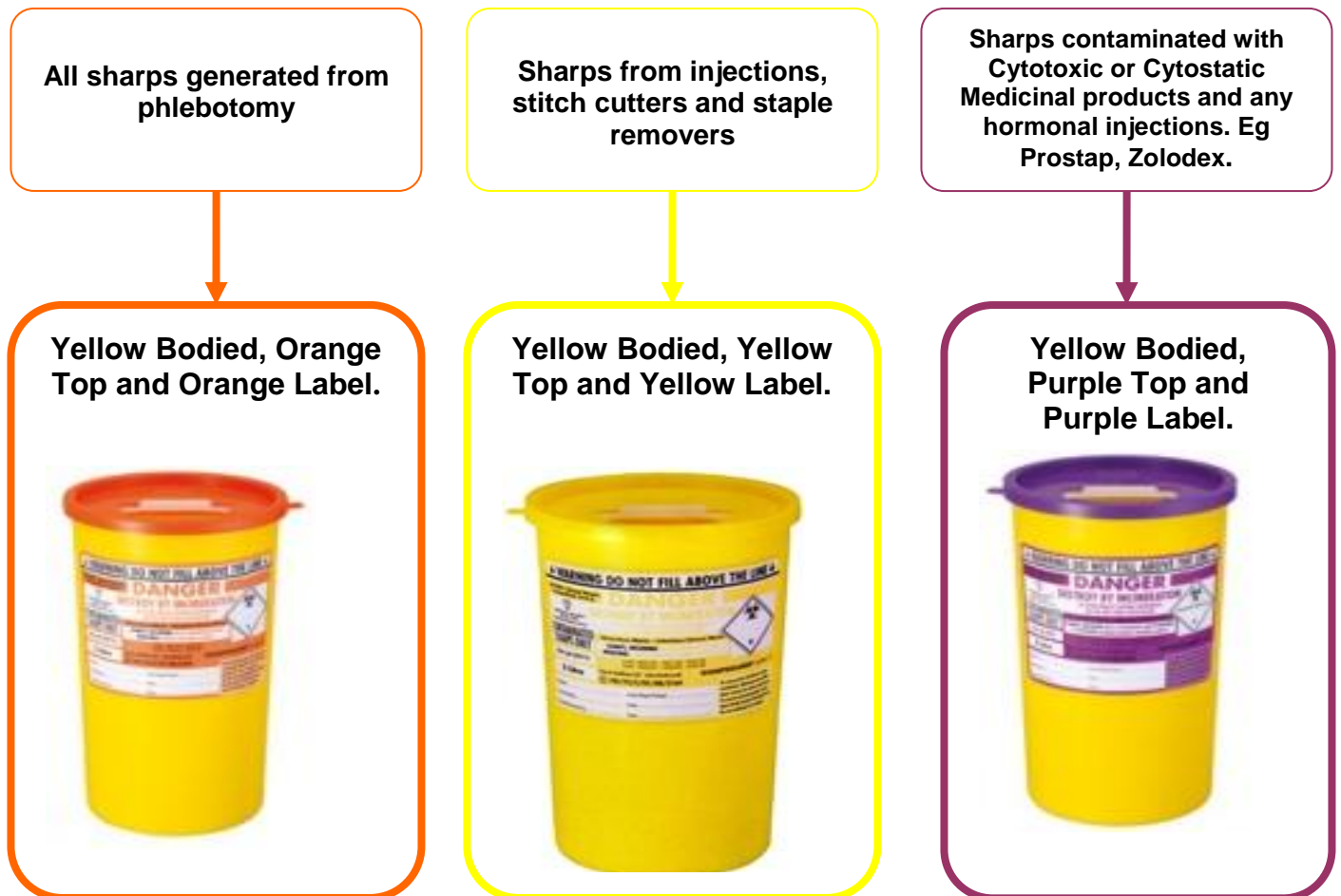
Letrozole	Lomustine
Leuprolide acetate	Megace
Lomustine	Alkeran
Mechlorethamine	Menogon; Menopur
Megestrol	Puri-Nethol
Melphalan	Methotrexate
Menotropins	Mifegyne
Mercaptopurine	Mitomycin C Kyowa®
Methotrexate	Onkotrone; Novantrone;
Methyltestosterone	CellCept
Mifepristone	Synarel
Mitomycin	Eloxatin
Mitotane	Syntocinon; With ergometrine
Mitoxantrone	Taxol
Mycophenolate mofetil	Pentacarinat
Nafarelin	Nipent
Nilutamide	
Oxaliplatin	Posalfilin
Oxytocin	Procarbazine
Paclitaxel	Crinone; Cyclogest; Gestone
Pegaspargase	Various
Pentamidine isetionate	Evista
Pentostatin	Tomudex
Perphosphamide	Copegus; Rebetol; Virazole
Pipobroman	Prograf
Piritrexim isethionate	Tamoxifen; Nolvadex
Plicamycin	Temodal
Podofilox	
Podophyllum resin	Various
Prednimustine	Thalidomide
Procarbazine	Lanvis
Progesterone	Thiotepa
Progestins	Hycamtin
Raloxifene	
Raltitrexed	
Ribavirin	
Streptozocin	
Tacrolimus	
Tamoxifen	
Temozolomide	
Teniposide	
Testolactone	
Testosterone	
Thalidomide	
Tioguanine	
Thiotepa	

Topotecan	Fareston
Toremifene citrate	
Tositumomab	Vesanoid
Tretinoin	
Trifluridine	
Trimetrexate glucuronate	Triptorelin
Triptorelin	
Uracil mustard	Valcyte
Valganciclovir	
Valrubicin	
Vidaradine	Vinblastine; Velbe
Vinblastine sulphate	Vincristine; Oncovin
Vincristine sulphate	Elsidine
Vindesine	Navelbine
Vinorelbine tartrate	Retrovir; +abacavir & lamivudine
Zidovudine	

Cytotoxic and cytostatic waste should be incinerated in suitable licensed facilities. The following description of cytotoxic and cytostatic waste should be used on waste documentation:

**“Waste pharmaceuticals including cytotoxic and cytostatic medicines”**

Community Nursing Services - Safe Management of Healthcare Waste (Sharps)





## APPENDIX J

### Definitions

**Hazardous waste** - is an overarching category of waste which identifies waste as being hazardous, and requires special treatment / disposal.

**Infectious waste** - is a type of hazardous waste. This waste is contaminated with infected or potentially infectious body fluid that may transmit infection.

**Offensive waste** - describes waste which is non-infectious, but may cause offense to those who come into contact with it. Examples include incontinence and sanitary waste.

**Domestic waste** - must not contain any infectious materials, sharps, medicinal or offensive waste.

**Medicinal waste** - includes licensed medicinal products, including residual medicines in bottles, vials and ampoules that are not sharp.

Medicinally contaminated syringes, needles and broken glass medicinal ampoules are considered to be sharps and need to be disposed of into a sharps bin.

<b>Key stakeholders consulted/involved in the development of the guideline/procedure</b>		
<b>Stakeholders name and designation</b>	<b>Key participant Yes/No</b>	<b>Feedback requested Yes/No</b>
Sue Heeley		
Anne Cerchione		
Gwen Ruddlesdin		
Caitlin Edwards		
Catherine Smyth		
Christina Quinn		
Janice Boucher		
June Watson		
Mark Marshall		
Pam Lumb		
Sandie Bunyard		
Lucianne Ricketts		
Chris Bedford		

	Insert Name of Guideline / Procedure		
		Yes/No	Comments
1.	Does the policy/guidance affect one group less or more favourably than another on the basis of:	No	
	• Race	No	
	• Ethnic origins (including gypsies and travellers)	No	
	• Nationality	No	
	• Gender	No	
	• Culture	No	
	• Religion or belief	No	
	• Sexual orientation including lesbian, gay and bisexual people	No	
	• Age	No	
	• Disability - learning disabilities, physical disability, sensory impairment and mental health problems	No	
2.	Is there any evidence that some groups are affected differently?	No	
3.	If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?	No	
4.	Is the impact of the policy/guidance likely to be negative?	No	
5.	If so can the impact be avoided?	No	
6.	What alternatives are there to achieving the policy/guidance without the impact?	No	
7.	Can we reduce the impact by taking different action?	No	

**Sign off Sheet regarding Dissemination of Procedural Documents**

To be completed and attached to any document which guides practice when submitted to the appropriate committee for consideration and approval.

Title of Document:	Waste Management Guideline
Lead Director:	Director of Clinical & Operational Services
Date Approved:	7 September 2011
Where approved:	Executive Management Board
Dissemination Lead:	Sheena Kelly
Review Date:	September 2013