

Waste Management Policy 2018

Title:	Waste Management Policy
Outcome Statement:	To ensure compliance and safe management of all wastes on NSFT premises.
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Reviewed By:	Jane Parris, Head of Commercial Resource Strategy
In Consultation with:	Infection Prevention and Control Team
Approved By and Date:	NSFT Board, Risk Management Group (Date)
With Reference To:	
Associated Trust Policies and documents	IPAC a2 Standard infection Prevention and Control Precautions Mattress Policy IPAC-i Cleaning and Disinfection Policy IPAC-ef Safe Handling and Disposal of Sharps IPAC-g Management of occupational exposure to blood-borne viruses and post exposure prophylaxis
Applicable To:	All Staff, Visitors, Contractors and anyone from the Environment Agency or the Health & Safety Executive.
For Use By:	Waste Management and staff
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Signed:	
Daryl Chapman Director of Finance (on behalf of Trust Management)	Carol Briggs (on behalf of Staff Side)
Date:	Date:



Review and Amendment Log

Version Number	Reasons for development/review	Date	Description of Change(s)
NSFT 2.0			

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INTRODUCTION

Under the relevant provisions, Norfolk and Suffolk NHS Foundation Trust must ensure that it has safe systems of work and a safe environment which shall be monitored and reviewed regularly to ensure its entire staff, and persons not in its employment (i.e. general public, contractors, service users) are not exposed to risks to their Health and Safety.

Under Environmental Law, the Trust has a Duty of Care to its employees to ensure all waste produced within the organisation is handled, stored, transported and disposed of legally. Arrangements to eliminate or reduce the risks must be made by risk assessments (as required under the Management of Health and Safety at Work Regulations 1992.)

The purpose of this policy is to set guidelines to those handling waste and to those who may be affected by this activity. Failure to deal with waste, especially clinical and special wastes properly, could present Health and Safety risks therefore this policy must be read and understood by all staff associated with this work. Managers may wish to state in their staff inductions and local H&S rules that this policy should be adhered to and they must ensure all their staff read these on commencement of employment. Written records to show staff have read and understood the document must be kept. Record of such training must be maintained; this includes oral or written information, instruction, training and supervision. It is the manager's responsibility to ensure training is given. An adequately trained person, who is aware of the risks and knows the precautionary measures, can provide training in each department/unit. Written processes will be available regarding the treatment of wastes especially items such as sharps. Infection control guidelines will also be available for all wastes.

1.0 RESPONSIBILITIES

1.1 Chief Executive

The Chief Executive has overall responsibility to ensure that all waste is disposed of in such ways that minimise the risk to health and safety of employees and the public, in accordance with the relevant legislation and the procedures contained within this policy. Ensuring that Policies and Procedures are in place for the management and disposal of waste and that these procedures are discharged by all staff involved with waste at whatever level be it ward, offices, clinics, porters, transport or disposal (this is not a definitive list).

1.2 The Person (s) holding the Certificate of Technical Competence E.G Waste Manager/Contracts Manager and Sustainability Manager

The competent person/holder of the Clinical Waste Control Officer/Waste Manager/Contracts and facilities Manager must ensure that the handling, storage and disposal of clinical waste are in accordance with National Guidance and legal requirements. These officers are accountable to the Head of Resources and Strategy. These persons will review the Waste Policy and associated risks on a regular basis and take into account any changes in relevant law.

The competent person/holder will additionally:-

- Liaise with all Localities to provide relevant information and support to ensure uniform implementation of the Waste Management policy.
- Ensure access to safe and appropriate waste disposal routes.
- Inspect and evaluate operational premises against required standards and compliance with policy and procedures.
- Liaise with relevant regulatory authorities.
- Will oversee contractors to ensure that they adhere to the provisions of this waste management policy and their legal and statutory obligation.
- Will ensure contractual arrangements are in place for the transfer of the waste to a responsible person who is authorised for this purpose and who will carry out duties in accordance with the transfer certification under the Duty of Care.
- Ensuring each area where clinical waste is generated the Trust has the appropriate clinical waste containers in place.

1.3 Specialist teams involved with Waste Management

These teams (such as service providers) are responsible for ensuring that Trust Policy on Waste Management is upheld and adhered to in accordance with current Legislation. They will also ensure that adequate resources, training, equipment and information is available to the staff involved.

This is provided to ensure minimum risks to the Health and Safety of its employees and the public/visitors on site. If advice is given by the specialist teams e.g. Infection Control, Occupational Health, Risk Manager, Environment agency, ISS and Service Providers etc. it must be followed to ensure all the relevant provisions are being met.

1.4 Heads of Service/Senior Manager

These managers are responsible for the proper segregation, collection, transportation, storage and disposal of waste within their clinical teams and other units. They must ensure all staff involved in waste producing, handling, storage, collection, transportation and disposal have had adequate information, instruction, training and supervision as is necessary to ensure, so far as is reasonably practicable, the health and safety of their staff and others. This must include availability of appropriate personal protective equipment in line with HSE Regulations and HTM07-01.

Waste management must be covered at both local and Trust wide inductions allowing for all new, temporary and locum staff to understand their Duty and responsibilities.

1.5 Departmental Managers

Departmental Managers are responsible for adequate provisions of segregation, collection and storage of waste. They must ensure, as directed by their managers, all staff have had adequate training. They must ensure local procedures are made in accordance with this policy and the operational standards which must be implemented.

1.6 All staff

All staff within the Trust must ensure they comply with this policy and co-operate with their manager to ensure health and safety of themselves and others are maintained. Staff must report any defects of equipment involved in waste management (i.e. bags, protective clothing, storage bins) and all incidents relating to inadequate waste management within their unit and within the Trust premises to their manager and on datix where necessary. The manager should ensure follow up investigations take place and record incidents on the Trust incident reporting system called datix.

Individual employees have a responsibility to ensure that the waste they produce is disposed of in accordance with the controls and procedures as detailed in this policy.

In particular all personnel:

- Should be aware that incorrect waste management practices may pose significant personal and environmental risks;
- Must follow all instructions regarding the safe handling, storage and disposal of waste - inclusive of sharps and cytotoxic/cytostatic waste;
- Correctly segregate materials into the designated waste streams;
- Follow provided instructions in dealing with the remediation of accidental spillages;
- Use appropriate protective clothing and equipment when handling wastes;
- Report all accidents, incidents and near misses associated with waste management practices to their relevant manager and on the Datix reporting system ;

1.7 Patients. Clients, Lawful Visitors, Contractors and the General Public

These people will ensure that they do not intentionally or recklessly interfere with or misuse anything provided in the interest of health and safety. They must comply with the Trusts policies and if persons do not adhere to them they may be liable to be sent off the premises. Contractors must ensure they are aware of the policy and not unlawfully dispose of waste e.g.

use clinical waste bags to dispose of industrial waste. Contractors must adhere to the terms of their contract regarding the disposal of any waste that they produce.

2.0 SEGREGATION OF WASTE

2.1 Introduction

The main categories of waste produced within the Trust are: -

- (a) Household (domestic, non- clinical) waste.
- (b) Clinical (See Appendix B for its definition) waste. Including pharmaceutical wastes.
- (c) Confidential waste (i.e. medical records and finance records.)

Black, orange or yellow bags must not be stored and transported together. Decanting from one bag to another is not permitted.

2.2 Household Waste

This waste must not contain dressings, incontinence pads or any other waste classified as clinical waste including personal protective equipment used in a clinical environment. Black polythene bags shall be used to dispose of household waste once recycling material has been segregated by staff at source. This does not include damaged aerosol cans, bottles, glass, sharps objects or broken crockery. All black bags will be closed using the swan neck procedure. Areas producing household waste only shall be secured with ordinary ties, or this waste can be secured with a knot if the bags are less than three quarters full (referred to as “swan necking”). All household waste will be taken to the appropriate holding area; the service providers are responsible for transporting all waste to the final receptacles such as lockable static bins, 240, 360 and 770 wheelie bins.

2.3 Domestic Glass/Aerosols/Bottles/Broken Crockery

This type of waste **MUST NEVER** be placed in domestic black or clinical orange/yellow bags. If this waste is not contaminated it must be placed in a cardboard box and secured to be taken away as domestic waste. Aerosols may be placed in household black bags if the gases have been expelled but never in yellow bags. If aerosols are placed in yellow bags and are incinerated they explode in the furnace and could potentially cause damage to the incinerator/ operator. Broken glass should be securely wrapped in newspaper prior to placement into a sturdy box. A sign indicating broken glass sign is required. The box must be made secure by strong tape.

Medically contaminated glass must be placed in a clinical sharps box (see clinical waste disposal).

2.4 Clinical Waste

There are two colours of bags in use.

Non infectious clinical waste : Orange bags

Infectious clinical waste: Yellow bags

This waste must be disposed of in the appropriate orange/yellow bags and sharps, needles, ampoules, etc. placed in the appropriate sharp containers. All orange/yellow bags shall be secured by closure using the swan neck process and tying at the neck with an identification tag. This practice shall be followed in all areas that produce clinical waste. The bags must be secured with an identification tag when two thirds full. The bags should not be more than two thirds full as the tag is likely to slip off and therefore may cause a spillage. Identification tags should be put on all sharps containers. The identification stickers on the sharps receptacles must show when/who opened the container, when/who finally sealed the container (dates and times) and which area used the receptacle (this is to help identify specific problems that may arise) **SHARPS CONTAINERS MUST NEVER BE PLACED INTO BLACK/ORANGE/YELLOW BAGS.**

If yellow bags with clinical waste and sharps containers are found stored or transported with black bags with domestic waste the bags must be removed at once using appropriate PPE (do not put yourselves at risk) and report to your manager for further investigations. If such waste (i.e. yellow bags and black bags) are found stored together in a common area i.e. corridor, the portering or domestic manager should be informed. An incident form on datix should be completed immediately as a record.

Medicine should only be disposed of in a blue lidded WIVA bin and placed in a separate wheeled container to be disposed of at the incinerator at high temperatures.

Cytotoxic and Cytostatic wastes must be in yellow bags with purple tags, sharps used with medicines from these uses must be receptacles (ie sharps bin) with a purple lid and all wastes kept in one secure area to protect staff from possible contamination.

PPE must be worn during the handling and transportation of Clinical/Infectious waste. Selection of PPE items is based on a risk assessment by the waste handler the minimum level of PPE is disposable gloves and an apron.

Hand decontamination with soap and water must be undertaken in accordance with the Trust Hand Hygiene Policy following the removal of PPE/ handling waste

Clinical waste receptacles must be suitably located in the clinical environment and as close as practicable to the area where clinical waste is being generated.

Clinical waste receptacles must be lidded and the lid operated by a foot pedal mechanism to reduce hand contamination during waste disposal.

Clinical waste receptacles must be cleaned daily and where there is evidence of blood or body fluid contamination disinfection must take place using a Chlorine releasing agent in accordance with the Trust Cleaning & Disinfection Policy.

Clinical waste receptacles must be regularly inspected and replaced if there is damage (rust/ paint damage) as the surface of the receptacle is no longer smooth/ intact and fully able to be decontaminated.

Sharps

Identification tags should be put on all sharps containers. To identify which area used the receptacle (this is to help identify specific problems that may arise)

The manufacturer's labelling on the sharps receptacles must be completed on assembly and on final closure

Sharps containers must **NOT** be filled above the manufacturer's designated "fill-to" line.

Sharps/Bin containers must **NOT** be placed inside bags.

Sharps bins must be permanently locked and disposed of following 3 months usage if the contents of the container have not reached the fill line before the 3 month period has elapsed.

Sharps/Bin containers must be stored securely in accordance with the Trust Sharps Handling and Disposal policy.

2.5 Offensive waste. (Not currently in use across the NSFT)

This waste is normally associated with items such as nappies, incontinence pads and sanitary waste. These should be held separately in an appropriate receptacle lined with the black and yellow bags referred to as "tiger stripe" bags. These are removed by specialist companies such as PHS limited. The reason these are kept separate is that the law now dictates that these can be dealt with via autoclaves or deep landfill.

2.6 Recycling waste

Recycling waste is designated on the recycling posters issued to all areas and is collected in green clear sacks, swan necked in the same way as other waste bags and will be collected by ISS staff and taken to the recycling bay on site.

3.0 HANDLING AND STORAGE OF WASTE

3.1 General Guidelines

- Black (household waste) bags must not be mixed with yellow/orange bags (clinical waste) and sharps containers. This principle must be maintained from the source, through all transportation stages to the final incineration point.
- Storage areas (internal) shall be cleaned in accordance with the ISS contract and staff will have the correct training and immunisation to deal with the waste stored. If there has been a spillage in the storage area it shall be cleaned up immediately. Storage containers that transport waste to a transfer point or to the incinerator (i.e. wheelie bins) must be cleaned weekly or more regularly if required. All personnel cleaning blood or needle spillages must wear appropriate PPE, use appropriate spill kits and be trained. There must be records in evidence to show this and these must be maintained on a regular basis.
- All storage areas must be large enough to hold the waste produced.
- All storage areas or wheelie bins must not obstruct access and egress routes.
- All storage areas must be locked when not in use to prevent fly tipping and access by non-trained staff.

- A manual handling risk assessment must be carried out by the Risk Management Section and/or managers responsible for the staff handling waste. Records of the risk assessments must be held in a central location such as the intranet identifying the precautionary measures and easily accessible to all staff.

3.2 Household Waste

The storage bags should be black polythene bags. These will be used to collect household waste loose from bins located around offices. In main areas there will be larger receptacles lined with black plastic bags for residual waste and food. Cardboard boxes (sturdy) may be used to dispose of broken glass, broken crockery and bottles and then sealed with domestic sharps sticky tape. Please remember never to place needles or sharp objects in black bags – you may put other staff at risk who collect and transport the waste. The containers to transport household waste shall be similar to the containers described in sub section 3.4.2 if possible. There should be designated rooms and designated containers for storing and transporting waste. Wire cages MAY be used to transport this waste but these cages may not be used for storing the waste in corridors, etc. Fly tipping is likely to occur and fires could break out if domestic waste is stored in these wire cages. The rooms and containers (used for storage) must be kept locked when not in use and access only allowed for trained/appropriate staff.

Recycling Waste will be collected from appropriate receptacles lined with see through green plastic bags, the items in these bags will consist of Dry recyclate as designated on Trust posters and communications information sent out Trust wide.

In accordance with the NSFT Blue Planet Strategy there will be a limitation of under desk small metal bins and instead there will be larger more central bins for both domestic, recycling and clinical wastes where appropriate.

Staff will not be able to procure individual bins from 2018 going forward. The Procurement section will not be upholding these requests unless agreed by the Deputy Director of the Commercial Resources. The reduction in available under desk bins, the ceasing of using black plastic bags except in the larger pedal bins and the increase in recycling has been introduced to support our environmental concerns and to reduce the amount of plastics utilised in services across the Trust. This also supports the NSFT Wellbeing Policy by encouraging staff to move from desks periodically and move away from screens.

3.3 Clinical Waste

3.3.1 Storage Bags

Bags for the storage of clinical waste (not sharps bins) should: -

- Conform with the NHS Performance guidelines HTM-01-07
- Be a maximum nominal capacity of 0.1m³
- Be coloured orange/yellow dependent upon type of clinical waste (although NSFT tends to be mainly orange bags) the standard ref. Of BS No 381C

- Be minimum gauge of 800 (200 microns) if of low density or minimum gauge of 400 (100 microns) if high density
- Be clearly marked with the appropriate Biohazard symbol or with words “Clinical Waste for Incineration Only”
- Sharp containers should conform to BS 7320/ UN3291

3.3.2 Storage Containers / Wheelie Bins

The containers and designated storage areas for storing clinical waste should be clearly marked as waste storage areas and constructed so that: -

- All surfaces are smooth and impermeable (coving prevents sharp edges) and that they do not offer harbourage to insects or vermin and so that particles of waste cannot be trapped in around the edges or in crevices.
- Can be easily cleaned and drained
- Is clearly identified with biohazard sign saying “Clinical Waste”
- Will allow the waste to be handled and easily loaded, secured and transported.
- All containers must be lockable

If staff notice any locks that are not functioning correctly these must be reported to the Waste manager in order to notify the service company.

3.3.3 Handling of Clinical Waste

All staff that move clinical waste shall be trained to: -

- Check that bags /containers are effectively tied and sealed using the identification tags
- Handle the bags by the neck using the appropriate PPE for the task and hold bags away from the body when moving the waste to a secure area. When using wheeled containers it is essential to manoeuvre in a way to avoid slips, trips, falls, twists and strains. When moving larger receptacles care must be taken not to cause injury to others by being vigilant to other corridor users etc. Under HTM07-01 all lids on waste receptacles MUST be securely locked when transportation is in progress. Bins MUST NOT have lids “crooked open”
- Know the procedure in the case of a spillage (including spill kit training) and to report all incidents to their manager who will record it on the Trust’s Datix reporting system; it is everyone’s responsibility to record any incident and the staff to report it to the manager.
- Check bags / containers are still securely tied / sealed before the waste is transported to designated storage points
- Be aware of the hazards and risks in the work activity and to read the local procedures to identify how such hazards and risks are reduced
- Place the bags down and not throw or drop the bags

- Carry the bags away from their body and not carry bags over the shoulder or close to their body.

All clinical waste and sharps containers must be handled with care. The waste must be placed in its designated area to await collection. It must not be placed in areas that are likely to cause a tripping hazard or obstruct fire escape routes or fire doors. This point has been re-emphasised to reiterate its importance.

At no time during handling of wastes should any member of staff, visitor or service user puncture the bags holding the relevant wastes.

The storage areas must not be adjacent to food preparation areas, or areas that are poorly lit or ventilated.

Areas NOT suitable for storage areas are those: -

- Adjacent to fresh food stores or food preparation areas
- With poor lighting or poor ventilation
- Which are areas of public access and egress

Needles or other contaminated sharps must NOT be placed in yellow bags. The sharps boxes can be two thirds full (most boxes have a line indicating the level) but must not be filled to the top whereby needles are sticking out of the box. All boxes must have an identification tag attached to the handle. Small sharps boxes should be placed in one large sharps wheeled container and tagged. Each individual sharps box must be labelled with start/finish dates and the staff who had completed the information. This is imperative in order to provide a systematic trail of the unit's progress. Sharps boxes should only be in use for a maximum of 3 months at a time.

NOTE: Sharps boxes must never be placed in yellow bags

All waste must be removed at least twice daily or more frequently if circumstances demand.

NOTE: Clinical Waste must not be compacted.

3.4 Storage and Handling of Clinical Waste for Persons Working in the Community

Agreement shall be made with the Local Authorities with regards to collecting waste from premises treated as households and where service users treat these premises as their main residency.

All medical sharps used in a patient home setting must be disposed of in a rigid sharps container conforming to UN3291 specifications. NSFT staff carrying sharps waste must ensure the container is secured in the boot of the vehicle during transportation, and the temporary closure mechanism is operated to prevent an accidental sharps spill. Sharps containers should not be left in vehicles used by NSFT staff in public view. Sharps containers used in for procedures in the patient home setting must be returned to an operational NSFT site for final disposal in accordance with the Sharps Handling and Disposal and Waste policies. But this does not apply to procedures that service users perform themselves such

as diabetic injections. The waste from these procedures is collected by the Local Authority in accordance with current Legislation.

4.0 TRANSFER NOTES

Under the EPA 1992, the Trust has a Duty of Care to ensure that all waste is being disposed of within the confines of this legislation and also using the Hazardous Waste (England and Wales) Regulations 2005 and HTM07-01, there is a Duty of Care on all those who, produce, carry, keep, treat or dispose of Controlled Waste, or have control of such waste.

All those to whom the Duty applies must: -

- prevent waste from escaping
- ensure that transfer is only to an authorised person for authorised transport purposes
- transfer a written description along with the waste, sufficient to enable others to avoid committing an offence. This written description must include essential information regarding the state of the waste (solid/liquid/gas), a current European waste code taken from the List of Wastes provided by the Environment Agency and evidence of consideration of the waste hierarchy as set down by the Environment Agency and under European Legislation.

Transfer Notes are required for waste produced within the Trust and it is permissible to have one note a year unless the description of the waste differs.

The Trust must be satisfied that the contractor is legally authorised, i.e. that he has been registered as a carrier of waste by the Environment agency or is exempt from the requirement. The producer, when handing over the waste to the carrier, must supply the carrier with a transfer note. All copies must be kept for at least two years and will be retained for inspection by the Contracts Manager.

There must be a Duty of Care visit made annually to any licenced facility accepting waste of any sort from the premises belonging to the NSFT and it is the Duty of the waste manager to ensure that any service providers comply with current Legislation regarding the running of an efficient site including risk assessment, site plans, use of Personal Protective Equipment, signage, training and H&S considerations.

5.0 Other Waste Produced within the Trust

5.1 Pharmaceutical Waste

All Pharmaceutical waste must be sent back to the Pharmacy Department either at Hellesdon or at the acute hospitals adjacent to our sites such as Ipswich and West Suffolk Hospitals. This type of waste produced in the Health Centres / Clinics will be transported in a locked container by a registered vehicle. This type of waste will be stored in the correct blue lidded medicinal waste receptacle. This waste will be contained in preparation for incineration at a correctly licenced facility.

5.3 Disposal of Chemical and Laboratory Waste

All substances hazardous to health are subject to the Trust COSHH policy. This stipulates that a specific risk assessment must be carried out for every identified substance used in the working environment. There must be an extensive list of all substances with COSHH assessments on, copies of these assessments must be available in the main reception at every site to aid the emergency services in the event of a fire or other incidents on site. Chemical waste can include materials used in cleaning, painting, Estates and gardening.

Chemical wastes will be sent for disposal in accordance with current Legislation and to a specialist licenced treatment plant accompanied by the appropriate environmental paperwork and waste transfer documentation.

5.3.1 Solvents, Flammable Liquids and Associated Wastes

All flammable and highly flammable liquids shall be placed in suitable containers correctly labelled and stored outside the building in a secure flammable stored with a bunded surround. This material will be disposed of by a specialised waste contractor. If any of the above products escape into the drainage system and the quantity is thought to be dangerous Anglian water must be notified immediately. The Clinical waste station must have interceptors present in order to stop and contain any accidental spillages of hazardous clinical wastes. This will stop contamination of the local vicinity. The interceptors will be emptied at regular intervals and all staff working in this area will be trained to use the spill kits and deal with emergency situations.

5.3.2 Cytotoxic and Cytostatic materials

A list of substances which are known to be potent carcinogens is available to laboratories. It should be noted that these products cannot be rendered safe and shall be disposed of by contractors. Please ensure consignment notes are used and copies must be retained for five years.

5.3.3 Chemicals

All chemicals must be disposed of through a specialist and assessed using the COSHH paperwork for each substance. They must be stored in accordance with their COSHH details and disposed of along with a Hazardous Waste Collection Note (HWCN).

5.4 Confidential Waste

This waste must be placed in the locked receptacles provided where it will be removed intact and shredded in a secure manner by a registered service provider. NO confidential waste must be allowed to enter the general waste stream.

5.5 Discharges to Sewers

All waste that can be disposed of down the drain must first be assessed by using information from the hazard data sheets. Some substances, for example, may be allowed to be disposed of down the drain and some may require consent from Anglian Water/Essex Water for example excess saline solutions. At present it is still legal to macerate food wastes and dispose of the contents to the drainage system but this may be stopped in the next few years making food/clinical macerators no longer an option.

6.0 CONTRACTORS' WASTE

All waste produced by contractors on any of the Trust Premises must be stored and disposed of safely.

6.1 Waste Containing Asbestos

Waste containing asbestos must be disposed of in accordance with Trust's Asbestos Policy and Procedure. This waste must be dealt with cautiously using the correct PPE, triple bagged and handled with care. This waste can only be disposed of by a specialist contractor to a specialised site.

6.2 Other Wastes (e.g. building waste, bricks etc.)

This waste must be stored and contained in a skip suitable for this purpose and large enough to contain all waste. It must be adequately covered when not in use.

Monitoring on the effectiveness of waste disposal described in Section 6.1 and 6.2 should be carried out by Estates personnel.

7.0 Spillages, Sharps/Needlestick and Splashing Incidents

Refer to Trust's "Guidance on Spillages", "Dealing with and reporting of needlestick injuries" and "The Control of Infection Policy."

APPENDIX A

CATEGORIES OF WASTE: SUMMARY

Guidance Booklet issued by CIWM.

Copy of HTM07-01 guidelines issued by Government.

EWC

APPENDIX B

DEFINITIONS OF CLINICAL WASTE

CLINICAL WASTE IS CONSIDERED TO BE:

(a) Any waste which consists wholly or partly of human or animal tissue, blood or other body fluids, excretions, drugs or other pharmaceutical products, swabs or dressings, or syringes, needles or other sharp instruments, being waste, which, unless rendered safe, may prove to be hazardous to any person coming into contact with in; and

(b) Any other waste arising from medical, nursing, dental, veterinary, pharmaceutical or similar practice, investigation, treatment, are, 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 is categorised by the Health and Safety Executive as follows:

GROUP A

- (a) Soiled surgical dressings, swabs and all other contaminated waste from treatment areas.
- (b) All human tissue from hospitals or laboratories, and all related swabs and dressings.

GROUP B

Discarded syringes, needles, cartridges, broken glass and any other contaminated disposable sharp instrument or items.

GROUP C

Microbiological cultures and potentially infected waste from Pathology Department, laboratories, post mortem rooms and other clinical or research laboratories.

GROUP D

Certain pharmaceuticals and chemical wastes (those falling within the definition of clinical waste.) Special care should be taken with wastes containing mercury or its compounds. Mercury should be recovered whenever possible. In particular, laboratories should remove mercury from aqueous solutions, specimens and the like before these are discharged to sewers.

Monitoring Statement –

Aspects of the policy to be monitored	Monitoring method	Individual/Team responsible for monitoring	Frequency	Findings: Group/Committee that will receive the findings/monitoring report	Action: Group/Committee responsible for ensuring actions are completed