Tees, Esk and Wear Valleys NHS
NHS Foundation Trust

Disposal of Clinical Waste

Ref HS-0001-011.v2

Status: Ratified
Document type: Procedure

Contents

1. Purpose

Significant quantities of clinical waste are produced daily from a whole range of workplaces across the Trust. The Trust, as a waste producer has a Duty of Care to ensure that the waste is correctly dealt with.

Unless the segregation, handling, transport and disposal are properly managed, such waste can present risks to the Health and Safety of clients, staff, members of the public and the environment.

This procedure will follow best practice and enable the Trust to meet the requirements of:

- The Health and Safety at Work Act 1974
- The Environmental Protection Act 1990
- The Environment Act 1995
- The Control of Substances Hazardous to Health Regulations 2002
- Health Service Advisory Committee, Safe Disposal of Clinical Waste
- The Waste Management Regulations 1994 and all associated legislation
- The Hazardous Waste Regulations 2005
- HTM 07-01

2. Related documents

This procedure describes the Clinical Waste section of the Health and Safety Policy.

This procedure also refers to:-

- ✓ Accidental Inoculation guidance
- ✓ Environmental Management Policy
- ✓ Incident Procedure Manual
- ✓ Leaflet Infection Control Information for Healthcare Workers

3. Categories of clinical waste

Category	Description
Infectious	A substance containing viable micro-organisms or their toxins which are known or reliably believed to cause disease in man or other living organisms.
Hazardous	Waste with one or more properties that are hazardous to health or to the environment.
Offensive/hygiene waste	Waste which is non-infectious and which does not require specialist treatment or disposal, but which may cause offence to those coming

	into contact with it.
Dangerous for carriage	Substances with intrinsic hazards posing a potential risk to persons or the environment while in the transport chain.

4. Segregating waste

4.1. Colour coding

A national colour coding system has been adopted and the colour coding of containers/bags are as follows:

- ✓ Orange – Clinical waste
- ✓ Black/Clear – Municipal (Domestic) waste

Containers **must not** be used for any other purpose than those listed above under any circumstance

5. Specification of containers and bags

5.1. Containers

Each Unit Manager will ensure that adequate supplies of appropriate containers are available wherever clinical waste is produced. All clinical waste containers will be capable of containing the waste without spillage or puncture, especially during transportation and the handling procedure.

Hotel Services department supply foot operated bins which accommodate the appropriate colour coded bag.

5.2. Sharps

Sharps will be stored in containers complying with British Standard 7320.

This standard specifies the following: -

- ✓ Be puncture resistant and leak proof.
- ✓ Be capable of being handled and moved with minimal danger of the contents spilling or falling out.

- ✓ Be provided with an aperture which in normal use will inhibit removal of the contents, but will ensure that it is possible to place items intended for disposal into the container, using one hand without contaminating the outside of the container.
- ✓ Have a closure device attached for sealing when three quarters full or ready for disposal.
- ✓ Have a horizontal line to indicate when the container is three quarters full and marked with the words “Warning – do not fill above the line”.
- ✓ Be made of materials that can be incinerated.
- ✓ Be clearly marked with the words “Danger – Contaminated Sharps Only – Destroy by Incineration”.

5.2.1. Clinical Waste Bags

Only bags which conform to NHS Performance Specifications are used.

The bags will conform to the following standards –

- ✓ Be of maximum nominal capacity, which conforms to the NHS National Contract.
- ✓ Meet the performance specifications set out by the NHS Supplies Authority.
- ✓ Match the chosen container or fittings in use.

6. Storage

Clinical waste should not be allowed to accumulate in corridors, wards or other unsuitable places

- Clinical waste will be removed from the ward environment to the main collection area on a daily basis, or as determined by the user.
- The storage area will be clearly reserved for clinical waste and also be secure.
- A separate storage area for sharps containers and pharmaceuticals with a high degree of security will be established where necessary by the user.
- Washing facilities are provided for staff who transport and store the clinical waste in case of a spillage occurring.
- Staff or clinical waste producers have a responsibility to seal and label (at the point of origin) clinical waste, and then store it prior to transportation in such a way that it does not pose a risk to clients, staff or visitors.

7. Handling of Clinical Waste

- Clinical waste must be placed in orange bags at the point of generation. The bags will be replaced daily. The bags will be sealed with a knot or plastic tie. The person generating the clinical waste must ensure that the bags are correctly labelled with the name of the department, the date and site written on the bag. Only correctly sealed and identified bags will be collected. Between organisations

- **Sharps** are items that could cause cuts or puncture wounds, including needles, syringes with needles attached, broken glass ampoules, scalpels and other blades.
- They should be placed in a safe manner into properly designed sharps containers. Syringes, cartridges and needles should be disposed of intact. Sharps must never be placed in receptacles used for the storage of any other waste.
- Sharp containers should be sealed and transported into storage prior to incineration when three-quarters full. The container labels must be completed with the date, the name of the unit producing the waste and a signature before removal from site. These sharp containers must never be placed in orange sacks, but should be carried and kept separate during storage and transportation to ensure that faulty or broken containers, which may leak fluid or sharps, are readily identified. Damaged containers should be placed in a larger secure container and must be properly labelled.
- The Trust's health care staff, when treating patients in their homes, may remove sharps generated in appropriate containers which can be disposed of via the Trust's clinical waste disposal system.
- Sharps containers, while in use, must be kept out of reach of children and people who do not appreciate the risk associated with this type of waste.
- Medicinal waste will be segregated into two waste streams.
    - Cytotoxic and cytostatic medicines
    - Non-hazardous – medicines other than those classified as cytotoxic and cytostatic including controlled drugs that have been de-natured
- The containers will have different coloured tags to identify each waste stream, and will then be removed from site by an appropriately qualified waste carrier.

8. Disposal of Contaminated Mattresses

- Mattresses contaminated with bodily fluids and unable to be cleaned need to be located into a UN approved Yellow plastic sack and then sealed.
- The part number of the sacks is MVN003 and can be purchased from Cardea.
- If appropriate the sack containing the mattress can be moved into an external waste compound.
- Contact Estates Department Special Services Engineer who will arrange collection via licensed Specialist Contractor.

9. Training

All staff shall be made aware of the risks associated with clinical waste, segregation and storage.
Update shall be given as policies and procedures are, of necessity, revised.
Staff who transfer, transport or handle quantities of clinical waste containers shall be trained to:

- Know how to use control measures and protective equipment.
- Check that storage containers are efficiently sealed before handling.
- Ensure that the origin of the waste is marked on the container.
- Handle sacks by the neck only. They should not be clasped against the body and never thrown or dropped.

- Be aware of the special problems relating to disposal of sharps.
- Check that the seal on any used waste storage container is unbroken when movement is complete.
- Know the procedure in case of accidental spillage and how to report an incident.
- Know the appropriate cleaning and disinfection procedures, including the safe method of cleaning vehicles

10. Personal Protective Equipment

To prevent skin contact when handling clinical waste, the use of Personal Protective Equipment (PPE) is advised.

- Water repellent aprons and disposable gloves should be worn when handling clinical waste in a care setting.
- Heavy duty shoes/boots and gloves should be worn by staff who regularly handle and transport containers to storage (collection) areas

11. Immunisation

- Hepatitis B and tetanus primary immunisation shall be offered to all staff considered by Occupational Health to be at risk from handling clinical waste.
- Records shall be kept by the Occupational Health Department.

12. Disposal of Clinical Waste by Specialist Contractor

Under no circumstances must clinical waste be transported by any means other than that specified in this procedure.
• Clinical Waste will be collected from relevant premises on behalf of the Trust by a licensed waste carrier at specified frequencies. This depends on quantities, type of waste and storage times. A program of collections will be agreed.
• It is imperative that staff understand the importance of correct classification and marking of clinical waste bags. The Duty of Care is the responsibility of each member involved in the production, handling and disposal of clinical waste.
• Under no circumstances should clinical waste be put into black/clear bags.
• Part of the regulations state that the transportation of clinical waste is to be covered by a consignment note. Each premise from which clinical waste is collected will be identified by a unique code supplied by the Environment Agency. This code must be on every consignment note and each consignment note must be sequential. All consignment notes must be kept on site for a period of 3 years. This consignment note procedure is designed to provide an audit trail of the waste from its production to its disposal. It also gives the waste producer an assurance that waste is being disposed of correctly.
• The producer will initiate the production of the consignment note for each clinical waste

collection which gives all relevant information regarding type, weight and numbers of containers, allowing traceability for the producer, waste transporter and the Environment Agency. (Small quantities of waste generated by medical and nursing personnel as a result of treating patients in the community, may be carried, appropriately contained, in the individuals' vehicles used to a disposal storage area).

13. Monitoring and Review

Whenever a new or revision of nursing procedures affects the production of clinical waste, then the departmental manager will invite the Specialist Services Engineer and infection control representative to carry out a risk assessment, together with the staff representative. A written record of their recommendations will be prepared and implemented as soon as reasonably possible.

14. Definitions

Term	Definition
Clinical waste	Any waste which consists wholly or partly of: • Human or animal tissue • Blood or other body fluids • Excretions • Drugs or other pharmaceutical products • Swabs or dressings • Syringes, needles or other sharp instruments which unless rendered safe may prove hazardous to any person coming in contact with it and any other waste arising from medical, nursing, dental, veterinary, pharmaceutical or similar practice, investigation, treatment, care, teaching or research, or the other collection of blood for transfusion, which may cause infection to any person coming into contact with it. Broadly therefore, clinical waste can be divided into two categories of materials: • Waste which poses a risk of infection • Medicinal waste

15. References and further reading

The Health and Safety at Work etc Act (1974)
(COSHH): The Control of Substances Hazardous to Health Regulations (2002)
The Management of Health and Safety at Work Regulations (1992)
HTM07-01 Safe Management of Health Care Waste

16. Document control

Date of approval:	01 February 2017	
Next review date:	01 February 2020	
This document replaces:	CORP/0018/v4 Clinical Waste Procedure	
Lead:	Name	Title
	George Watson	Estates Officer
Members of working party:	Name	Title
	Dave Turner	Associate Director of Estates
This document has been agreed and accepted by: (Director)	Name	Title
	Rob Cowell	Director of Operations EFM
This document was ratified by:	Name of committee/group	Date
	Health Safety and Security Working Group	
An equality analysis was completed on this document on:	February 2017	
Amendment details:	February 2014 Amended onto new template and simplified for ease of reading February 2017 updated by including Disposal of Contaminated Mattresses	

17. Appendix 1 - Equality Analysis Screening Form

Please note; The Equality Analysis Policy and Equality Analysis Guidance can be found on InTouch on the policies page

Name of Service area, Directorate/Department i.e. substance misuse, corporate, finance etc.	Estates and Facilities Management					
Name of responsible person and job title	George Watson, Estates Officer					
Name of working party, to include any other individuals, agencies or groups involved in this analysis						
Policy (document/service) name	Disposal of Clinical Waste Procedure					
Is the area being assessed a;	Policy/Strategy		Service/Business plan		Project	
	Procedure/Guidance	X			Code of practice	
	Other – Please state					
Geographical area	Trust Wide					
Aims and objectives	The purpose of this procedure is to ensure clinical waste is segregated, handled and disposed of in a safe manner whilst complying with relevant guidance and legislative requirements.					
Start date of Equality Analysis Screening (This is the date you are asked to write or review the document/service etc.)	01/02/2017					
End date of Equality Analysis Screening (This is when you have completed the analysis and it is ready to go to EMT to be approved)	01/02/2017					

You must contact the EDHR team as soon as possible where you identify a negative impact. Please ring Sarah Jay on 0191 3336267/3542

1. Who does the Policy, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan benefit?					
Patients, Staff, Visitors and FM Provider					
2. Will the Policy, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan impact negatively on any of the protected characteristic groups below?					
Race (including Gypsy and Traveller)	~~Yes~~/No	**Disability** (includes physical, learning, mental health, sensory and medical disabilities)	~~Yes~~/No	**Gender** (Men, women and gender neutral etc.)	~~Yes~~/No
Gender reassignment (Transgender and gender identity)	~~Yes~~/No	**Sexual Orientation** (Lesbian, Gay, Bisexual and Heterosexual etc.)	~~Yes~~/No	**Age** (includes, young people, older people – people of all ages)	~~Yes~~/No
Religion or Belief (includes faith groups, atheism and philosophical belief's)	~~Yes~~/No	**Pregnancy and Maternity** (includes pregnancy, women who are breastfeeding and women on maternity leave)	~~Yes~~/No	**Marriage and Civil Partnership** (includes opposite and same sex couples who are married or civil partners)	~~Yes~~/No
Yes – Please describe anticipated negative impact/s **No** – Please describe positive impacts/s By Implementing of this procedure will ensure a suitable and sufficient process is to be followed for all relevant parties when moving, Handling and disposing of clinical waste.					

3. Have you considered other sources of information such as; legislation, codes of practice, best practice, nice guidelines, CQC reports or feedback etc.? **If 'No', why not?**	**Yes**	X	**No**	

Sources of Information may include: • Feedback from equality bodies, Care Quality Commission, Equality and Human Rights Commission, etc. • Investigation findings • Trust Strategic Direction • Data collection/analysis • National Guidance/Reports		• Staff grievances • Media • Community Consultation/Consultation Groups • Internal Consultation • Research • Other (Please state below)

4. Have you engaged or consulted with service users, carers, staff and other stakeholders including people from the following protected groups?: Race, Disability, Gender, Gender reassignment (Trans), Sexual Orientation (LGB), Religion or Belief, Age, Pregnancy and Maternity or Marriage and Civil Partnership
Yes – Please describe the engagement and involvement that has taken place
No – Please describe future plans that you may have to engage and involve people from different groups

5. As part of this equality analysis have any training needs/service needs been identified?					
Yes/~~No~~	Please describe the identified training needs/service needs below Section 9 of this procedure describes training requirements that are to be followed.				
A training need has been identified for;					
Trust staff	Yes/~~No~~	Service users	~~Yes~~/No	Contractors or other outside agencies	~~Yes~~/No
Make sure that you have checked the information and that you are comfortable that additional evidence can provided if you are required to do so					
The completed EA has been signed off by: You the Policy owner/manager: Type name: GEORGE WATSON				Date: 01/02/2017	
Your reporting (line) manager: Type name: DAVE TURNER				Date: 01/02/2017	
If you need further advice or information on equality analysis, the EDHR team host surgeries to support you in this process, to book on and find out more please call: 0191 3336267/6542 or email: sarahjay@nhs.net					

Appendix 2 – Approval checklist

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

	Title of document being reviewed:	Yes/No/ Unsure	Comments
1.	**Title**		
	Is the title clear and unambiguous?	YES	
	Is it clear whether the document is a guideline, policy, protocol or standard?	YES	
2.	**Rationale**		
	Are reasons for development of the document stated?	YES	
3.	**Development Process**		
	Are people involved in the development identified?	YES	
	Has relevant expertise has been sought/used?	YES	
	Is there evidence of consultation with stakeholders and users?	YES	
	Have any related documents or documents that are impacted by this change been identified and updated?	YES	
4.	**Content**		
	Is the objective of the document clear?	YES	
	Is the target population clear and unambiguous?	YES	
	Are the intended outcomes described?	YES	
	Are the statements clear and unambiguous?	YES	
5.	**Evidence Base**		
	Is the type of evidence to support the document identified explicitly?	YES	
	Are key references cited?	YES	
	Are supporting documents referenced?	YES	
6.	**Training**		
	Have training needs been considered?	YES	
	Are training needs included in the document?	YES	
7.	**Implementation and monitoring**		
	Does the document identify how it will be	YES	

	Title of document being reviewed:	Yes/No/ Unsure	Comments
	implemented and monitored?		
8.	**Equality analysis**		
	Has an equality analysis been completed for the document?	YES	
	Have Equality and Diversity reviewed and approved the equality analysis?	YES	
9.	**Approval**		
	Does the document identify which committee/group will approve it?	YES	
Signature:		George Watson	